



## 2018 MARE INFORMATION

Date: \_\_\_\_\_ Mare's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color:  Chestnut  Bay  Dk B/Br  Gray/Roan

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Is the mare imported?  Yes  No If yes, date imported \_\_\_\_\_ Country of Origin \_\_\_\_\_

Current Status:  Foaling  Barren  Maiden  Not Bred

Please give details if the mare has been under lights or programmed (hormone treatment) and for how long:

\_\_\_\_\_  
\_\_\_\_\_

Stallion bred to in 2017: \_\_\_\_\_ Last Cover Date \_\_\_\_\_

2018 Foaling date: \_\_\_\_\_ Name of Stallion to be bred back to: \_\_\_\_\_

If Mare is coming with foal: Foal's DOB: \_\_\_\_\_ Color:  Chestnut  Bay  Dk B/Br  Gray/Roan

Foal's Sex:  Colt  Filly

**Please complete the owner(s) full name, address and phone number that will be listed on the contract.**

**If there are multiple owners, please state what percentage of each owner.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Farm **DURING BREEDING SEASON** \_\_\_\_\_ Seasonal?  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Farm Manager: \_\_\_\_\_ Phone number: \_\_\_\_\_

Attending Veterinarian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please state the last date of vaccination for each listed:

Botulism	
EHV1 Product	
E/W Enceph	
Flu	
Pneum-K	
Rabies	
Rhino	
Rota	
West Nile	

Location of mare in the **last 90 days**: \_\_\_\_\_

Please tell us any characteristics and/or conditions the Farm needs to be aware of (i.e. sight impairments, temperament, etc.). \_\_\_\_\_  
\_\_\_\_\_

My horse is scheduled to arrive at the Farm on: \_\_\_\_\_ Vanned by: \_\_\_\_\_

My horse will board at the Farm:  Until bred and ovulates  Ultrasound \_\_\_\_\_ days pregnant  Yearly

My horse is insured:  Yes  No **If yes, please state the following:**

Type of insurance: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**OFFICE USE ONLY**

**Remarks:**

**BRED** \_\_\_\_\_