

**Mare Information Sheet**

Please fill out and return this info sheet with a signed breeding contract and booking fee.

**Please enclose two (2) pictures of the mare...one of each side**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Reg# \_\_\_\_\_

Markings/Scars/Brands: \_\_\_\_\_

Last foal: \_\_\_\_\_ OR This is a Maiden Mare

Method of last breeding: Artificial Insemination- Cooled or Frozen / Live Cover / Embryo Transfer

**Medical History of Mare**

Please list the dates accordingly:

Coggins: \_\_\_\_\_ (must provide copy)

5 Way: \_\_\_\_\_ WNV: \_\_\_\_\_ Date of Last worming: \_\_\_\_\_

Copy of Uterine Culture results recieved? Yes or NO

Copy of Biopsy results recieved? Yes or NO

Does Mare easily tease to a stallion? Yes or NO

Does Mare require Regumate started 4 days after breeding? Yes or NO

Past History of Aborting/Absorbing? Yes or NO If yes, please explain details, in known:

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

**Owner Info:**

Farm/Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell/Alt phone \_\_\_\_\_

Email \_\_\_\_\_

**Mare's Reproductive Specialist**

(The vet/technician/clinic that routinely handles the mare for repro and/or routine work.)

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

**For office use only:**

Pregnancy confirmed on \_\_\_\_\_ Pregnancy confirmed by \_\_\_\_\_