



DATE: \_\_\_\_\_ 2010

# MARE HISTORY AND RECEIVING FORM

STALLION SERVICES, Inc.  
4009 G. P. EASTERLY RD., W. FARMINGTON, OH. 44491  
330.889.2282

OWNER OR AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

NAME OF HORSE \_\_\_\_\_

BREED \_\_\_\_\_ AGE \_\_\_\_\_ COLOR \_\_\_\_\_

IS THIS HORSE INSURED? (YES) (NO)

CARRIER \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY # \_\_\_\_\_

## **VACCINATION HISTORY (FILL IN DATES):**

EW \_\_\_\_\_ TET \_\_\_\_\_ FLU \_\_\_\_\_ RHINO \_\_\_\_\_ STREP \_\_\_\_\_

RABIES \_\_\_\_\_ COGGINS \_\_\_\_\_ WEST NILE VIRUS \_\_\_\_\_ PHF \_\_\_\_\_

DEWORMED: \_\_\_\_\_ PRODUCT: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

**DIET:** HAY TYPE : \_\_\_\_\_

GRAIN TYPE: (SWEET OR PELLETT) and brand name \_\_\_\_\_

AM GRAIN FED in LBS. \_\_\_\_\_ PM GRAIN FED in LBS. \_\_\_\_\_

SPECIAL FEED REQUIREMENTS: \_\_\_\_\_

ANY PREVIOUS FOUNDER? (YES) (NO) ANY PREVIOUS COLIC? (YES) (NO)

FARRIER HISTORY\*: \_\_\_\_\_

\*WE WILL PUT FRONT SHOES ON ANY MARE WE FEEL NEEDS IT FOR HER WELL BEING.

TURN OUT HISTORY: \_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Name of Mare: \_\_\_\_\_

# REPRODUCTIVE HISTORY

CHECK ONE:            MAIDEN            OPEN            FOALING

IF IN FOAL, LAST BREEDING DATE \_\_\_\_\_ HOW MANY FOALS HAS THIS MARE PRODUCED? \_\_\_\_\_

IF OPEN, WHAT YEAR DID THIS MARE LAST PRODUCE A FOAL? \_\_\_\_\_

WAS LAST FOALING NORMAL? (YES) (NO) IF NO, PLEASE EXPLAIN:

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

REASON MARE IS OPEN: \_\_\_\_\_

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

HAS THIS MARE BEEN BRED THIS SEASON? YES NO IF SO, HOW MANY CYCLES? \_\_\_\_\_

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

Has your mare been under lights? YES NO Since what date? \_\_\_\_\_

***IF YOUR MARE HAS HAD A BIOPSY OR HAS A CURRENT (WITHIN 30 DAYS) UTERINE CULTURE, PLEASE ATTACH A COPIES OF THE RESULTS.***

YOUR FARM VETERINARIAN (NAME & PHONE) \_\_\_\_\_

ANY PREVIOUS USE OF PROGESTERONE SUCH AS REGU-MATE? (YES) (NO)

**A PROGESTERONE ASSAY WILL BE PERFORMED ON ALL MARES 10 YEARS OF AGE OR OLDER OR ANY MARE WITH A HISTORY OF SLIPPING .**

## NAME & ADDRESS OF CONTACT FOR TRANSPORTED SEMEN:

**STALLION TO WHOM MARE IS BOOKED:** \_\_\_\_\_

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