



DATE: _____ 2019

MARE HISTORY AND RECEIVING FORM

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

OWNER OR AGENT _____ E-Mail _____

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: _____

_____ (over)

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: _____

