



DATE: _____

STALLION 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 _____

POTOMAC FEVER _____ RABIES _____ WEST NILE VIRUS _____

COGGINS _____ EVA _____

DEWORMED: _____ PRODUCT: _____

KNOWN ALLERGIES: _____

DIET: HAY TYPE _____

Type of grain (sweet or pellet) and brand name: _____

AM FEED: _____ IN POUNDS PM FEED: _____ IN POUNDS

SPECIAL FEED REQUIREMENTS: _____

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

COMMENTS: _____

Stallion Reproductive History

INDICATE WHICH ARE APPLICABLE:

MAIDEN LIVE COVERED PHANTOM TRAINED

ARTIFICIALLY COLLECTED USING MOUNT MARE

HAS THIS STALLION PRODUCED LIVE FOALS? _____

HAS THIS STALLION RACED? YES NO

DATE LAST RACED : _____

DATE LAST BRED / COLLECTED _____

TYPE OF ARTIFICIAL VAGINA USED : _____

TEMPERATURE : _____ TIGHT LOOSE

TYPE OF EXTENDER USED _____

OTHER PROBLEMS OR COMMENTS : _____

YOUR FARM VET (NAME AND PHONE):

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