

## **Mare Information Form**

MARE		Colour:	Owner:					
		Date of Birth:	Addr	ess:				
Pedigree of Mare	:	•						
				Accounts Address:				
			1					
Passport Number:			Telephone:					
Microchip Number:			Email address:					
Stallion Visiting:			1					
Status:	MAIDEN / IN F	OAL / BARREN / MAIDEN	FOAL	ER				
In Foal To	Are you registered for VAT ? Yes / No							
		If Yes in which country?						
Due to Foal		VAT Registration Number:						
		<u> </u>						
Do you wish your mare to foal at the Stud ?			Yes	No				
2. Is she a quiet mare at all times ?			Yes	No				
3. Has the mare been stitched ?			Yes	No				
4. Has she had a haemolytic foal ?			Yes	No				
Has she ever had a maladjusted (barker/dummy) foal ?			Yes	No				
5. Does she normally conceal her heat?			Yes	No				
6. Has she had any infectious or contagious disease?			Yes	No				
7. Has she been on a Stud in the last two years where				No				
	has been diag	•	Yes					
		d against Virus Abortion ?	Yes	No				
- if so please state product used and dates given			Drug		1	2	3	
00 p.0000 0	riano productido	aa aa g	Date		<u> </u>	╅	<del>-  </del> -	
Has she been vaccinated against tetanus ?			Yes	No				
- if so please state product used and date given				Drug: Date:				
10. Has she been vaccinated against Equine Influenza ?				No .				
- if so please state product used and date given			Yes No Drug: Date:					
11. Has she been vaccinated against Rotavirus ?				No.				
- if so please state product used and dates given			Yes Drug		1	2	3	
ii so picase si	tate product do	ca ana dates given	Date			<del>-</del>	<del>-  </del> -	
12. Date of last v	vorm dose and	nroduct used	Drug			l Date:		
13. Last farrier da		product doca	Drug	•		Date.		
14. Foaling record for last three years				)				
				20 20				
			20					
15. Approximate	date of mare's	arrival at Stud	20					
16. Is the mare in		es / No If Yes please gi	VA COR	nnanv	details :			
TO. IS the male in	isuleu: le	is / No II Tes piease gi	VE COI	прапу	details .			
17. Will the mare	'Walk In' for co	ver? Yes / No If Yes please	give	details	of boardi	ng stud:		
18. Name of Vete	erinary Surgeor	า:						
Address and	Telephone Nur	mber:						
Signature of mare Owner or Representative:						Date:		

NOTE: Every care will be taken with your Mare / Foal but no responsibility whatsoever is accepted for any accident, disease, injury or death to Mare and / or Foal whilst visiting this Stud. This document is private and confidential between mare owner and the stallion owner/manager.