

**Mare Information & Disclosure From
Breeding/Foaling at Farm**

Owner Name _____ Mare Name _____
Owner Address _____ Barn Name _____
Owner Phone _____ Breed & Reg # _____
Owner Phone _____ Year Born _____

Mare Currently Bred? Y or N Bred Last Year? Y or N Maiden? Y or N
First/Last Breeding Dates _____ Stallion _____
Previous Foals? Y or N Year Last Foal Born _____ Due Date _____ Caslick? Y or N
Foaling/Breeding History: _____

Foal at Side? Y or N Date Foal Born? _____ Foal Dewormed?(date and type) _____

Mare Health Info(date last given):

Eastern/Western(Enceph) _____ West Nile _____ Rhino(EHV-1) _____
Influenza _____ Tetanus _____ Rhino(EHV-4) _____
Potomac Horse Fever _____ Rabies _____ Coggins _____
EVA Negative Test/Titer _____ EVA Vaccinated? Y or N Date _____

Insured? Y or N Company _____ Policy # _____ Phone _____

Any Pre-Breeding Test? _____ Farrier: Shoes? Y or N Last Trim _____

State any medical history, special handling needs, habits of mare: _____

Feed Type _____ Quantity(lbs/day) _____
Hay Type _____ Quantity _____

In the event of colic or life threatening illness of Mare/foal, I mare/foal owner understand that all means available as instructed by attending veterinarian will be utilized to save Mare/Foal, including surgery. I choose to refuse the specific treatments listed below for my mare/foal. _____

Mare/Foal Owner Signature _____ Date _____