

Date: _____

Stallion : _____

MARE PROFILE

MARE NAME: _____, Reg. # _____

Owner Name: _____

Address: _____

Contact Phone: _____ Best

Hours: _____

Insurance Co: _____ Policy #: _____

Agent: _____

Phone: _____

REPRODUCTIVE HISTORY

Last year mare foaled: _____

History of breeding problems? ____Y ____N

History of foaling problems? ____Y ____N

Does the mare have Caslicks? ____Y ____N

Has she EVER had Caslicks? ____Y ____N

MEDICAL HISTORY

Any medication allergies? ____Y ____N Drug: _____

Has mare ever coliced? ____Y ____N When: _____

Has mare ever had surgery? ____Y ____N Type: _____

Has mare ever had chronic lameness? ____Y ____N

Does mare heave? ____Y ____N

Does mare crib? ____Y ____N

Does mare weave? ____Y ____N

Has mare ever been cast in a stall? ____Y ____N

Any unusual/abnormal behaviors? ____Y ____N Explain: _____

Last Worming: _____ Brand: _____

VACCINE HISTORY

Last Tetanus: _____ Brand: _____

Last Rhino: _____ Brand: _____

Last Influenza: _____ Brand: _____

Last Enceph.: _____ Brand: _____

Last Strangles: _____ Brand: _____

I do ____ do not ____ want the collection/insemination services to be conducted by farm personnel. I understand that if I choose to have the attending veterinarian perform collection/insemination services, fees will be set by and payable to the veterinary clinic rendering services. (Please initial one line.)

“Large enough to serve, small enough to care”