

Little Gem Ranch

Mare Information for Breeding Agreement

Mare's information

Name: _____

Registration number and Association: _____

Barn Name: _____

Mare's and Foal's Owner

Name: _____

Name of Veterinary Practice: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: () _____ Fax Number: () _____

Mare's and Foal's Primary Care Veterinarian

Name: _____

Name of Veterinary Practice: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: () _____ Fax Number: () _____

Vaccinations

Most recent date (month/day/year) that Mare received the following vaccinations:

Equine Encephalitis _____ Equine Infectious Anemia (EIA) _____

Influenza _____ Pneumobort-K _____

Rhinopneumonitis _____ Strangles _____

Tetanus _____ West Nile _____

Other (please specify): _____

Most recent date (month/day/year) that Foal received the following vaccinations:

Equine Encephalitis _____ Equine Infectious Anemia (EIA) _____

Influenza _____ Pneumobort-K _____

Rhinopneumonitis _____ Strangles _____

Tetanus _____ West Nile _____

Other (please specify): _____

Worming

Most recent date that Mare was dewormed (month/day/year): _____ Type of wormer: _____

Most recent date that Foal was dewormed (month/day/year): _____ Type of wormer: _____

Breeding History

Has Mare been bred before: Yes No If Yes, how many foals has Mare delivered: _____

In what year(s) were Mare's foals born? _____

Has Mare ever had any breeding difficulties? Yes No If Yes, please describe: _____

Has Mare ever had any foaling difficulties? Yes No If Yes, please describe: _____