

Mare Information & Disclosure Form
Breeding/ Foaling at Farm

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

Mare Currently Bred? Y or N Mare Open? 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 _____ Caslicks? Y or N
Foaling/Breeding History: _____

Foal at Side? Y or N Date Foal Born _____ Foal Wormed? (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 tests? Diagnostics? Y or N Farrier: Shoes? Y or N Date last trim _____

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

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

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 _____

Mare Owner agrees to provide the following information/documentation prior to mare/foal arrival at Fields Quarter Horses:

___ Disclosure Statement ___ Copy of Negative Coggins ___ Current Health Certificate
___ Copy of Vet Certified Vaccinations ___ EVA Negative Test Results (copy of certificate)

Please return documents to:
Fields Quarter Horses Cell (859) 380-8944
PO Box 85 Fax (859) 356-0824
Walton, KY 41094