

Date Admitted: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

## Incoming Mare Form

Mare Name: \_\_\_\_\_

Horse Owner: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Is this horse insured?  YES  NO

If yes, please provide name of insurer and contact information:

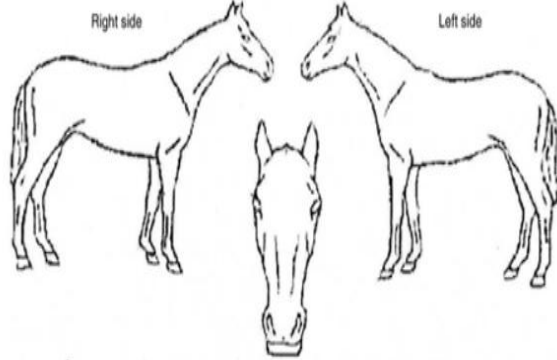
\_\_\_\_\_

Mare Breed: \_\_\_\_\_

Does mare have foal at foot:  YES  NO

If Yes, color/sex/DOB: \_\_\_\_\_

\_\_\_\_\_



Right side                      Left side

Colour: \_\_\_\_\_

Age: \_\_\_\_\_

Notes: \_\_\_\_\_

### Breeding Details

Is this mare to be (please choose):  In Foal  Embryo Transferred

Carmyle Recipient

Owner Recipient

With:

Fresh Semen

Cool Shipped Semen

Frozen Semen

Name of Stallion: 1. \_\_\_\_\_

2. \_\_\_\_\_

Name and Phone Number of Stallion Agent:

\_\_\_\_\_

Preferred Agistment:  Single

Small Group

Mare and Foal

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_