

HOPEFUL FARM SPORT HORSES

4595 Mahoney Road

McFarland WI 53558

(608) 835-1820

MARE INFORMATION SHEET - TO BE FILLED OUT WITH AND BY VETERINARIAN

MARE _____ AGE _____ Reg # _____

OWNER _____

Address _____ Phone _____

Veterinarian's
Name _____ Phone _____

Date mare due to foal _____ Date actually foaled _____

Maiden mare? Yes / No Proposed breeding date _____

Current Uterine Culture results _____

Current Uterine Cytology results _____

Uterine biopsy results, if done (most recent date; please attach a copy of the pathology report)

Any prior retained placenta? _____ Caslick's done? _____

Any prior abortion? _____

Reason
known? _____

Any prior early fetal loss? _____ At what stage? _____

Any past uterine infections? _____

Foaling difficulty or damage? _____

Does the mare cycle regularly? _____ Show heat well? _____

Any prior or current lameness problems? _____

Date of last negative Coggins _____ Date of rhino, flu vac. _____

Last three years bred were _____, _____, _____.

Last three years foaled were _____, _____, _____.

Type and frequency of de-worming used _____

I, the undersigned, do hereby certify that I am a currently licensed veterinarian in the State in which this mare resides, and that on this date I have examined this mare's physical and reproductive condition, and find her to be in good health, free from evidence of uterine infection, and in acceptable breeding condition to the best of my knowledge.

Signature of Veterinarian

License

Date

Street address for shipment delivery

City

State

Zip

Federal Express #

RETURN THIS FORM WITH THE MARE ID SHEET

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