BAR·E·NORTH

Mare & Stallion Arrival Information Form

Horse Information

Name: _____ Barn Name: _____

Breed: _____ Age: _____

Color: _____ Current Diet: _____

Medications _____ _____

If foal accompanies mare, when was the foal born? _____

Does your horse need turnout? _____

Blanketing need, if any: _____

Which reproductive-management service is your horse to receive at Bar E North?

_____

_____

Mare Breeding Information

Stallion Name #1: _____ Stallion Name #2: _____

Where located? _____ Where located? _____

Contact Name: _____ Contact Name: _____

Tel: _____ Tel: _____

Health History: Please describe any past or present health issues pertaining to your horse.

_____

_____

Recent Vaccination History

Vaccine	**Approx. Date Given**

Veterinarian Information

Name: _____

Clinic: _____

Tel: _____

Breeding History

Mares

Circle one: Maiden / Open-Not Bred / Open-Slipped / Barren / In Foal Wet

Date of mare's last breeding, foaling, or slipped foal: _____

Stallions

Circle one: Never Bred / Natural Service / Trained to Phantom / Experienced

Tested and vaccinated for EVA? _____

Number of mares bred last year: _____

Number of mares bred this year: _____

How were mares bred? _____

History or subfertility or infertility? _____

Any additional information that may be useful in working with stallion (e.g., quirks, preferences, etc.)? _____

(NOTE: Due to the fluid nature of reproductive management, any change of services requested by the Owner while providing management services, communicated in whatever fashion and acknowledged by Bar E North in its records, takes precedence over the above. The horse owner understands and agrees that such changes may not be documented on this form.)

By Owner

_____

Dated: _____

If requesting a reservation, please enter desired drop-off date: _____

Please contact Bar E North <u>two weeks</u> in advance of desired drop-off date to confirm arrival date of mare or stallion.