



## 2023 Mare Arrival Information

|                         |              |                      |                  |
|-------------------------|--------------|----------------------|------------------|
| <b>OFFICE USE ONLY:</b> | <b>Tag #</b> | <b>Arrival Date:</b> | <b>Stallion:</b> |
|-------------------------|--------------|----------------------|------------------|

Please notify EPVS 24 hours prior to the mare's arrival by calling 979-324-5822 extension 0.

|             |                      |                         |
|-------------|----------------------|-------------------------|
| <b>Date</b> | <b>Owner of Mare</b> | <b>Mare Owner Phone</b> |
|-------------|----------------------|-------------------------|

|             |  |     |    |
|-------------|--|-----|----|
| <b>Mare</b> | <b>Has your mare ever been on Regumate?</b>    | YES | NO |
|             | <b>Will your mare have an Embryo Transfer?</b> | YES | NO |

|   |
|---|
| <b>Pertinent Health or Reproductive Information</b> |
|---|

### 2023 Foaling Information

|   |                  |
|---|------------------|
| <b>Last Breeding Date or Foaling Date</b> | <b>Foal Sire</b> |
|---|------------------|

**Plasma**, post-foaling, provides the foal with a greater level of immunity to fight most neonatal infections by providing antibodies for common illnesses. Plasma Regimen: 1st dose 24 hours after foaling, 2nd dose 2 weeks after birth.

|                           |     |  |                      |
|---------------------------|-----|--|----------------------|
| Has Foal Received Plasma? | YES | Plasma Date:   | Plasma Booster Date: |
|                           | NO  | Permission for foal to receive Plasma regimen? YES or NO |                      |

Foal Insurance Company (if applicable):

|                           |     |  |
|---------------------------|-----|--|
| Is the foal microchipped? | YES | Microchip ID                                     |
|                           | NO  | Permission for foal to receive Microchip? YES NO |

### Mare Vaccination and Routine Medical History

| <b>Current Health Certificate</b><br>Out of state arrival only | <b>Negative Coggins</b>   | <b>Deworm</b>               | <b>Strep</b>  | <b>Rotavirus</b> | <b>Flu</b>         |
|--|---|-----------------------------|---|------------------|--------------------|
| Attach copy if applicable.                                     | Attach copy.<br><br>If the mare arrives without Coggins, we will perform one. | Date:<br>Brand Name:        | Date:<br>Brand Name:<br><br>If none, we may test to determine immunity. | Date:            | Date:              |
| <b>EEE/WEE/TETANU</b>  | <b>RHINO</b>  | <b>ENDOVAC (Salmonella)</b> | <b>WEST NILE</b>  | <b>RABIES</b>    | <b>TEETH FLOAT</b> |
| Date:  | Date:   | Date:                       | Date:   | Date:            | Date:              |

Partners@EquinePartnersVet.com | 979.324.5822

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