

## **Mare Arrival to Foal Out**

### Vaccination History and Daily Caretaking

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

Ovulation Date: \_\_\_\_\_

Enter the dates of the last performed vaccination if applicable:

\_\_\_\_\_ Deworm (What did you use? \_\_\_\_\_)

\_\_\_\_\_ Negative Coggins

\_\_\_\_\_ Strep/Strangles

\_\_\_\_\_ Flu

\_\_\_\_\_ EEE/WEE/VEE

\_\_\_\_\_ Tetanus

\_\_\_\_\_ Rhinopneumonitis

\_\_\_\_\_ West Nile Virus

\_\_\_\_\_ Last Farrier (Do you want us to maintain shoeing schedule at every 6-8 weeks? \_\_\_\_\_)

Any other pertinent information about previous foaling history \_\_\_\_\_

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\*\*\* If the vaccination history of your mare is not available, we will perform the necessary vaccinations according to South Plains Veterinary Clinic standard.

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Actions at Time of Foaling

Boarding:

Barn Stall \$30/night

Outdoor Paddock \$28/night

Recommended Pre-Foaling Program

Rhinopneumonitis Vaccinations at months 3, 5, 7, 9

Flu Vaccination at Month 6 or 7

Flu/Rhino/VEE/WEE/EEE/Tetanus/Strep/West Nile at Month 10

Recommended Post-Foaling Program

MARE: Penicillin, Injacom, and Tetanus Toxoid, Rabies, Deworm

FOAL: Penicillin, Injacom, Tetanus Antitoxin, Enema, Dip Navel, E-colizer

OPTIONAL:

1. IgG test within 24hrs of foaling
2. Plasma if needed
3. CBC taken at foal heat of mare

**Are you rebreeding you mare after foaling?**      Yes      or      No

We will make every attempt to contact you at the earliest availability following the birth of your foal.

Please call ahead to schedule the departure of your mare. All outstanding balances are due at this time with **no exceptions**.

\_\_\_\_\_  
Signature of Mare Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Mare Owner Name