

# MARE RECORD

BREEDING YEAR \_\_\_\_\_

## MARE INFORMATION

MARE'S NAME: \_\_\_\_\_ REG. NO: \_\_\_\_\_

COLOR: \_\_\_\_\_ BREED: \_\_\_\_\_ AGE: \_\_\_\_\_

### STALLION INFORMATION

### MARE OWNER INFORMATION

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

COLLECTION DAYS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

### COMMENTS

*(Reproductive History, Previous Reproductive Problems, Previous Health Problems, etc.)*

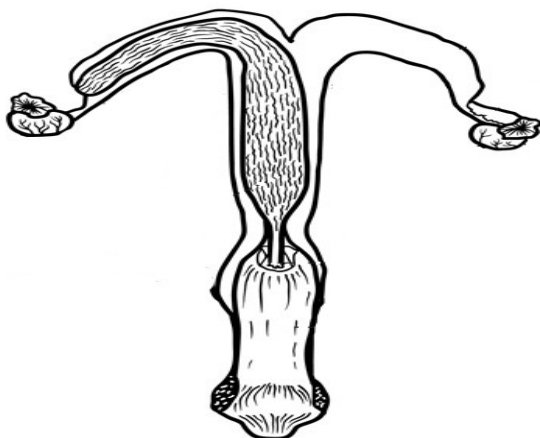
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### HORSE HEALTH

DATE	DEWORM	VACCINATION	COMMENTS



UTERINE CYSTS:

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MARE \_\_\_\_\_

**PALPATION RECORD**

BREEDING YEAR \_\_\_\_\_

**PAGE** \_\_\_\_

	DATE	LEFT OVARY	RIGHT OVARY	ENDO FOLDS	UT. FLUID	COMMENTS
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