

MARE INFORMATION FORM

Name of Horse: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

In case of emergency, if owner cannot be reached:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Mare Status**

( ) In Foal ( ) Maiden ( ) Barren ( ) Slipped ( ) Not Bred

( ) Already Foaled/Foaling Date: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

In foal to: \_\_\_\_\_ LBD: \_\_\_\_\_

In past has mare had any foaling problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

Is Mare sutured: \_\_\_\_\_

**Veterinary History**

Colic: \_\_\_\_\_ Frequency: \_\_\_\_\_

Founder/Laminitis: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies Known: \_\_\_\_\_

Other: \_\_\_\_\_

Last dates of following vaccinations:

Tetanus Toxoid: \_\_\_\_\_ West Nile: \_\_\_\_\_ Rhino: \_\_\_\_\_ Flu: \_\_\_\_\_

Encephalomyelitis (E&W): \_\_\_\_\_ Strangles: \_\_\_\_\_

Last Worming Date: \_\_\_\_\_ Product used (if known): \_\_\_\_\_