



## MARE INFORMATION SHEET

NAME OF MARE OWNER as reported to The Jockey Club: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

NAME OF MARE: \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_ COLOR: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_ Dam's Sire: \_\_\_\_\_

Mare's current status: ☐ Foaling ☐ Barren ☐ Maiden ☐ Slipped/Aborted ☐ Not Bred

Mare's 2025 produce (if applicable): Foaling date: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Stallion bred to in 2025: \_\_\_\_\_ Last cover date in 2025: \_\_\_\_\_

Past Foaling Issues: \_\_\_\_\_ Sutured: \_\_\_\_\_

### Veterinary History

Last dates of following vaccinations:

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

Encephalomyelitis (E&W): \_\_\_\_\_ Last Worming Date: \_\_\_\_\_ Product used (if known): \_\_\_\_\_

Founder/Laminitis: \_\_\_\_\_ Date: \_\_\_\_\_ Allergies/Other: \_\_\_\_\_

Colic: \_\_\_\_\_ Frequency: \_\_\_\_\_ Treatment Cost amount: \_\_\_\_\_

Preferred Surgery Center, if option: \_\_\_\_\_

**COMMENTS:** Please list any information relating to status, condition or disposition of your mare that you feel are important for foaling and the breeding shed to have on file: \_\_\_\_\_

\_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Company Name: \_\_\_\_\_

Agent Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Owner (or Authorized Agent) \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE ON FILE PRIOR TO MARE BEING BOOKED**