

Date	Owner of Mar		Mare Owner Phone							
Stallion										
Mare A		Age	Age/Color		Mare Beginning S (Please		Foaling		Barren	
							Maider	n Importe		
Covering Stallion (prior breeding year)				Last Cover Date						
Note: Mare must have proper identification (halter nameplate or neck strap) when presented for breeding.								ng.		
Please CIRCLE the appropriate requirements that need to accompany the mare and attach the necessary paperwork.										
Without these documents, the mare WILL NOT be bred. Cultures must be taken within 30 days.										
	1 st Trip		2 nd Trip	3 rd Trip		4 th Trip	4 th Trip +		Double	
DOMESTIC MAIDER			Shed Form		Shed Form		Shed Form		Shed Form	
	Uterine Cultur			Uterine Culture		Uterine Culture				
	Jumped									
DOMESTIC BARREI			Shed Form	Shed Form Shed Fo		Shed Form		Shed Form		
	Uterine Cult	ure					Culture			
DOMESTIC FOALING	Shed Form		Shed Form		Shed Form Shed Form			Shed Form		
			Uterine Culture Ute		ne Culture	Uterine Culture				
EPVS <u>requires</u> all breeding mares be vaccinated for Equine Herpes Virus Type 1 (I.e., Rhinomune, Pneumabort-K, etc.)										
between 7-90 days of being covered by a stallion. Date of Vaccination Type of Vaccination					n Administered By					
Date of vaccination		<u>'</u>	ype or vaccinatio		Administered by					
Do we have permission for our attending veterinarian to tranquilize this mare if necessary? YES NO (Note: If you select "no", the mare may not be bred) Does this mare have characteristics or conditions that our team needs to be aware of (I.e., difficult to handle, sight impairments, etc.)?										
Farm				Farm Manager or Person Completing this Form						
				. ,						
Farm Office Phone				Mobile						
Name of Farm Veterinarian				Veterinarian's Phone						
Prior to mare being hred, email completed form to Partners@EquipePartnersVet.com										