

<b>OFFICE USE ONLY:</b>	<b>Tag #</b>	<b>Arrival Date:</b>	<b>Stallion:</b>
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**Please notify EPVS 24 hours prior to the mare's arrival by calling 979-324-5822 extension 0.**

<b>Date</b>	<b>Owner of Mare</b>	<b>Mare Owner Phone</b>
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<b>Mare</b>	<b>Has your mare ever been on Regumate?</b>	YES	NO
	<b>Will your mare have an Embryo Transfer?</b>	YES	NO
<b>Pertinent Health or Reproductive Information</b>			

<b>Foaling Information</b>		
<b>Last Breeding Date or Foaling Date</b>	<b>Foal Sire</b>	
<p><b>Plasma</b>, post-foaling, provides the foal with a greater level of immunity to fight most neonatal infections by providing antibodies for common illnesses. Plasma Regimen: 1st dose 24 hours after foaling, 2nd dose 2 weeks after birth.</p>		
Has Foal Received Plasma? YES NO	Plasma Date:	Plasma Booster Date:
Permission for foal to receive Plasma regimen? YES or NO		
Foal Insurance Company (if applicable):		
Is the foal microchipped? YES NO	Microchip ID	
Permission for foal to receive Microchip? YES or NO		

<b>Mare Vaccination and Routine Medical History</b>					
<b>Current Health Certificate</b> Out of state arrival only	<b>Negative Coggins</b>	<b>Deworm</b>	<b>Strep</b>	<b>Rotavirus</b>	<b>Flu</b>
Attach copy if applicable.	Attach copy.  If the mare arrives without Coggins, we will perform one.	Date: Brand Name:	Date: Brand Name:  If none, we may test to determine immunity.	Date:	Date:
<b>EEE/WEE/TETANU</b>	<b>RHINO</b>	<b>ENDOVAC (Salmonella)</b>	<b>WEST NILE</b>	<b>RABIES</b>	<b>TEETH FLOAT</b>