



Mare: Breeding and History Info:

Neck Band Number: _____

Arrival Date: _____

<p><u>Patient Info:</u> Mare Name: _____ Registration #: _____ Owner Name: _____ Phone Number: _____ Age: _____ Color: _____ Breed: _____</p> <p>Insurance Company: _____ Phone Number: _____ Policy Number: _____</p> <p><input type="checkbox"/> Maiden (never been bred) <input type="checkbox"/> Open <input type="checkbox"/> In Foal. Due: _____</p>	<p><u>Sire Information:</u> Stallion Name: _____ Breed: _____ <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen Stallion Station: _____ Address: _____ State / Prov: _____ Phone Number: _____ Fax Number: _____ Email address: _____ Shipping Method: _____</p> <p>Collection Days: _____</p> <p>Import Permit Needed: Yes No</p>
<p><u>Feeding Instructions:</u> Hay: Grass Hay Alfalfa mix # ___ flakes per feeding (4 feedings per day) Grain: No Yes Type: _____ _____ Scoops Once / Twice per day. Other Supplements: _____ _____</p> <p><u>BCS on arrival:</u> _____ (scale out of 9). TPR on Arrival: T ___ P ___ R ___ Other comments: _____</p>	<p><u>History:</u> Last vaccines given / type: _____ Last Deworming and product: _____ Breeding History: _____ Relevant Medical History: _____ </p>
<p><u>Turn Out Instructions:</u> Inside Only Outside Only Out Day/In Night Other: _____ Owner Left Behind: _____ Stall #: Pen #:</p>	<p><u>Special Instructions:</u> _____ _____ _____ _____ _____ _____ _____</p>

Discharge Date: _____

File Billed:

File Scanned: