

FOALS-R-US Mare Check-In

Mare Name _____ Arrival Date _____

Age _____ Breed/Registration # _____ Color _____

Stallion # 1 _____ Stallion # 2 _____

Stallion # 3 _____ Embryo Transfer or Carry _____

Embryo Transfer Facility _____

Owner _____ Cell Phone # _____

Home Phone # _____ Work Phone # _____ E-Mail _____

Address _____

Agent _____ Phone # _____

Mare

Repro Status: Maiden / Open / Wet / Foal Out

Date of Last Foal _____

Insurance Co. _____

Policy # _____

Ins Phone # _____

Coggins _____

Flu/Ehv _____ EWTt _____

WNV _____ Rabies _____

Strep _____

Foal

Date of Birth _____

Sex _____ Color _____

Sire _____

Insurance Co. _____

Policy # _____

Ins Phone # _____

Flu/Ehv _____ EWTt _____

WNV _____ Rabies _____

Strep _____

Boarding Preference: Dry Stall \$23 ____ Wet Stall \$26 ____ Special Care \$30 ____

Farrier instructions (trim or shoe/last done) _____

Special Feeding Instructions _____

(Basic feeding includes Alfalfa, Costal Hay and Nutrina Safe Choice grain)

Detailed Breeding History (Must Have) _____

Owners Equipment, If Any _____

Miscellaneous _____

Special Contact Information _____

UPON ARRIVAL, PLEASE HAVE THE FOLLOWING

1. Current Negative Coggins and Health Papers
2. Signed Contract, Booking Fee, Chute Fee
3. Copy of Registration Papers, Front and Back
4. Worming and Immunization Record