

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 \$22 ___ Wet Stall \$25 ___ Special Care \$27 ___

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