



Mare Health Form & Check List

Mare Name:	Barn Name:	Tag #
Breed & Color:	Stallion Service:	
Stallion Owner:	Open: Y or N	Maiden? Y or N Bred Last Yr. Y or N

Please advise any pertinent Breeding History:

Prior Foals Y or N	How Many Foals?	If not in foal; state year of last foaling	If in foal; Expected Due Date:
Last Breeding Date	Caslicks? Y or N	Covering Sire:	Foaling Habits?:
If Foal accompanies Mare: Sire & Date Foaled:	Foal Dewormed?: Y or N	If yes: Date and Type of Dewormer:	

Mares Immunizations & Dates

Eastern/Western (Encephalomyelitis):	West Nile Virus:
Rhinopneumonitis (EHV-1):	Influenza (Injectable):
Rhinopneumonitis (EHV-4):	Influenza (Intranasal):
Potomac Horse Fever:	Tetanus:
EVA (Equine Viral Aeritis):	Streptococous Equi(I.M. Or Intranasal):
Health Certificate Date:	Negative Coggins Test Date:
Farrier:	Last Date: Trim? or Shod?
Date & Type of Dewormer?	

State any Medical History, handling or habits of mare that are pertinent:

Identify (and attach) any Pre-Veterinary Breeding Diagnostic Testing:

List items that accompany Mare: Halter color/description:

Any Special dietary requirements?:

Insured?: Y or N	Insurance Company:	Policy#	Phone Number:
---------------------	--------------------	---------	---------------

Mare Owner CHECK LIST: to provide prior to mare's arrival to TWIN OAKS FARM LLC

- _____ Mare Information Form
- _____ Copy of Negative Coggins & Health Certificate
- _____ Completed Breeding Contract
- _____ Copy of Registration Papers
- _____ **Check for: Board thru estimated foaling date & foaling out fee of \$300.00**