# War Horse Place

**4425 Kearney Rd., Lexington, KY 40511**
**Phone 859-509-3157**
**Fax 859-253-6822**

# Mare Information Form

(Please fill out completely and return prior to arrival at War Horse Place)

**Mare Owner Information**

If the mare is owned by a partnership, we will need the names, addresses and the percent of ownership for each partner for billing purposes.

Name:_____ Telephone:_____

Address: _____

Fax: _____ E-mail: _____

Primary Contact if owned in a partnership: _____

**Mare Identification**

Horse's Name:_____ Color:_____

YOB: _____ Sire: _____

Dam: _____ Dam's Sire: _____

Equine Insurance Company: _____Phone:_____

**Emergency contact for authorization regarding horse's care in owner's absence:**

**Contact:_____ Phone: _____**

**Mare Status**

( ) In Foal ( ) Maiden ( ) Barren ( ) Slipped ( ) Not Bred

( ) Already Foaled/ Foaling Date: _____ Color:_____ Sex: _____

Stallion bred to in year 2009: _____ LBD: _____

2010 Breeding Stallion: _____

**Mare Medical History**

Has the mare required multiple breedings per season in order to achieve pregnancy?
Yes _____ No _____
If so, list any possible reasons, ( maiden year, inflammation or poor recovery from foaling)
_____

How many foals has the mare had? _____ Has she missed any years foaling, and if so, why? No_____ Yes_____
Reason_____

Has there been any dystocias ( prolonged or difficult labor) which you know of ? _____
_____

Has the mare had any foals which have suffered from any illness, (pneumonia, diarrhea or colic)? Yes _____ No _____ If yes, explain:
_____
_____

Has the mare had a previous problem with NI foals (Neonatal Isoerythrolysis) No_____
Yes _____ Stallion bred to that year _____

**Mare Vaccination and Worming Record**

Date of last trim:_____
Date of last worming _____ Type used_____
Please indicate which vaccinations your horse has received:

| | | | |
|---|---|---|---|
| Tetanus: _____ | Date: _____ | Rabies: _____ | Date:_____ |
| Influenza: _____ | Date: _____ | IM Strangles: _____ | Date:_____ |
| West Nile: _____ | Date:_____ | Botulism: _____ | Date: _____ |
| E/W: _____ | Date: _____ | Rotavirus: _____ | Date: _____ |
| Rhino: _____ | Date: _____ | Other: _____ | Date: _____ |

**Waiver of Liability**

**I fully understand that War Horse Place takes every precaution to protect the well-being of the above horse, and I agree to waive liability for unforeseen accidents and illnesses.**

**If for any reason War Horse Place is unable to contact me or my emergency contacts, I authorize War Horse Place to make any decision regarding the appropriate care of my horse(s) in the case of an emergency. I understand I will be notified as soon as possible.**

**I have received a copy of War Horse Policies and Procedures and I agree to the terms and conditions stated within.**

**Signature: _____ Date: _____**