

**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 2010: \_\_\_\_\_ LBD: \_\_\_\_\_

2011 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. In case of emergency, War Horse has permission to trailer horse to Equine Hospital.**

**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:** \_\_\_\_\_