

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 2007: _____ LBD: _____

2008 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 _____

Have there been any dystopias (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: _____

