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MARE INTRODUCTION FORM

Name of Mare: _____ Age: _____

Breed: _____ Registration No _____

Owner: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Stallion: _____ (FROZEN / CHILLED)
 (Please circle)

Breeding Record of Mare

Year	Foal		Pregnancy Lost (Stage)	Pregnant to			
	Yes	No		Natural Service	Chilled semen	Frozen semen	Embryo transfer

FROZEN FEE OPTION: 1 2 3 (Please circle)

CHILLED SEMEN FEE OPTION: 1 2 (Please circle)

IF CHILLED SEMEN PLEASE GIVE DETAILS: Phone number of stud: _____

Number of days notice for collection: _____

ESTIMATED DATE AND TIME OF ARRIVAL: _____

Please circle preference: PRIVATE YARD (limited number) SHARED YARD

Please indicate permission for farrier work and/or worming if necessary YES / NO

SIGNATURE: _____ DATE: _____