



MARE INFORMATION SHEET

Please complete one sheet for each mare to be bred

Owner's Name _____ Phone # (home) _____
 Address _____ work _____
 _____ cell _____
 Horse's Name and Number _____ Foaled _____
 Color _____ Markings _____
 Anticipated Arrival Date _____ Foal at Side? _____
 Sire of Foal _____ Date/last foaling _____

Does horse have any dangerous propensities? If yes, describe: _____

Stallion to which the mare shall be bred _____

► MEDICAL HISTORY OF HORSE

Colic _____ Frequency _____
 Founder _____ When _____
 Allergies, if known _____
 Other _____
 Tetanus Toxoid _____ Date _____ Date of Last worming _____
 VEE _____
 Encephalomyelitis (sleeping sickness), Eastern & Western Strains _____
 Coggins Test _____ Date _____

► FEEDING PROGRAM

Hay Type _____ Amount _____
 Grain Type _____ Amount _____
 Pellets _____ Amount _____
 Known feed allergies _____

► SPECIAL CARE REQUIREMENTS

Habits _____

Emergency Contact if owner cannot be reached Name _____
 Phone _____
 Street _____
 State & Zip _____

Is the Horse Insured? ____ yes ____ no **If yes, insurance information is required on contract*

Veterinary emergency contact _____ Veterinary Phone _____

This horse is/ is not considered a surgical candidate in the event of colic or serious illness
 (Check one) IS _____ IS NOT _____ Owner's Initials _____

Please return breeding contract, completed mare information sheet and booking fee to:

Key Stallion Station, 26826 US Hwy 50 East, Pueblo, CO 81006

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