

Today's Date:		**Please include a copy of the mare's registration papers and current coggins when returning this form**					
MARE INFORMATION							
Registered Name:					Registration #:		
Barn Name:			Breed:		Age:	Color:	
Insured?	Yes	No	Insurance Contact:			Insurance Phone:	
Mare is:	Maiden	Open	In foal	Foal at side – Date Foaled:			
OWNER INFORMATION							
Owner Name:							
Billing Address:				City:		State:	ZIP:
Phone:				Email:			
Agent Name:				Agent Phone:			
In case of an emergency, please provide us with a secondary contact name and number of a person that can authorize veterinary medical treatment.					Name:		
					Phone:		
Bills will be sent via email unless instructed otherwise							
MARE & FOAL SERVICES							
Services Desired:	Mare Foaling Management			Rebreed after foaling		No rebreed	
	Mare Breeding with fresh/cooled semen						
	Mare Breeding with frozen semen						
See the Fee Schedule on page 3 for specific costs.							
Foaling Information:	In foal to:			Ovulation Date:			
	Breeding Facility:			Phone:			
STALLION INFORMATION							
Stallion Name:				Stallion Location:			
Contact:			Phone:		Collection Days:		
Mare owner is responsible for obtaining their own breeding contract with the stallion owner/management.							
VetweRx Equine will handle communications and arrangements to have semen shipped directly to our clinic.							

FEEDING INSTRUCTIONS					
Please feed the VetweRx standard diet.			VetweRx standard diet is grass hay and equine senior twice a day.		
--- OR ---					
Hay Type:	Grass Hay	Alfalfa Cubes	Owner Provided	Quantity:	Flakes/day
Grain:	Equine Senior	Strategy	Owner Provided	Quantity:	Lbs/day
*** Supplements must be divided into daily baggies, labeled with the horse's name, and indicate whether it's for AM or PM. Any supplements that are not in baggies/daily containers will not be administered. ***					
Special Instructions:					

HEALTH & MANAGEMENT					
Please provide the following information to help us manage your horse's care.					
Pre-existing conditions (illness, lameness, vices, etc):					
Current treatments (i.e. daily medications):					
Blankets/Personal items being left with horse:					
Prior to arrival, we require horses to be vaccinated for the following diseases. Please note: 1) Date of last vaccination OR 2) Vaccines needed on arrival OR 3) Vaccines you do not want given *If no vaccination history is given, horse(s) will be vaccinated upon arrival at Owner's expense.					
Vaccine Name	Date	Needs	Vaccine Name	Date	Needs
Equine Rotavirus			Rhinopneumonitis		
E/W Encephalitis			Influenza		
Tetanus			Rabies		
West Nile			Dewormed:		

FARRIER SERVICES			
Please let us know if you would like us to arrange for our farrier to trim/shoe your horse during their stay. If you would like to have your normal farrier trim/shoe your horse, please make arrangements to meet the farrier at a scheduled time and let us know when that will be.			
Trim	Full shoe	Front shoes only	Date of last trim/shoeing:
Special Instructions:			