

Repro Mare Information Form

Owner Name: _____ Phone Number: _____

Mare Name: _____ Age: _____ Color: _____

Breed: _____ Registration #: _____ Microchip #: _____

Status: (Circle one) Wet / Dry / Maiden Has Mare Ever Been Palpated? (Circle one) Yes / No

Insured? (Circle one) Yes / No Insurance Company: _____ Phone# _____

Health History

Last Vaccination Date: _____ Brand: _____ Farrier Visit Date: _____ Trim / Shoes

Last deworming date: _____ Brand: _____ Last Dental Exam: _____

Preexisting Conditions / Injuries: _____

Any special dietary requirements: _____

Unusual behavioral Habits: _____

Breeding History

Breeding History: (Infection / Foaling etc.) _____

Semen Details for Breeding

Stallions #1: _____ Semen Type: (circle one) Fresh Chilled Frozen

Contact Name: _____ Phone# _____

Will she be: (Circle one) Flush / Carry If flushing how many embryos _____

Stallions #2: _____ Semen Type: (Circle one) Fresh Chilled Frozen

Contact Name: _____ Phone# _____

Will she be: (Circle one) Flush / Carry If flushing how many embryos _____

Disclaimer:

At OCEC our number one goal is the health and wellness of every patient. We will take great care and put focus on the needs of your horse. However, things do happen. If your horse experiences any sickness, injury, or lameness while in the hospital, OCEC will treat as necessary. You will be notified ASAP if any of these situations occur. If we are unable to reach you or your emergency contact, then OCEC will do what is in the best interest of the horse. Any cost from such instances will be billed to the client.

Signature _____ Date _____

Print Name _____

- Please include a copy of your mare's coggins and registration papers
- *OCEC suggests that halters, leads, and blankets are NOT left with your mare. OCEC will not be responsible for the loss or damage to such halters, leads, and blankets.