

PRE-BREEDING CHECKLIST

MARE

Mare Name & Registration No: _____ Age: _____ Breed: _____

Maiden Mare? Yes ___ No ___ Foal at Side? Yes ___ No ___ # Previous Foals _____

List All Current Vaccinations/Dates: _____

Dental Care Up to Date? Yes ___ No ___ Body Condition Score: _____ Date of Recent Deworming: _____

Hoof Care (Shoes?): _____ Early Breeding Light Program Details: _____

Stall: Yes ___ No ___ Outdoor Paddock: Yes ___ No ___ Pasture: Yes ___ No ___

Date of Last Oestrus Cycle: _____ Confirmed by: *Ultrasound* *Teasing* *Other*

Hormone Therapy Details: _____

Veterinary Exam/Pre-Breeding Information: _____

Details: _____

Foaling History including any difficulties: _____

Special Medication: _____

Feed Routine & Details: _____

Mare Vices/Habits: _____

STALLION

Stallion Name & Registration No: _____ Age: _____ Breed: _____

Cooled/Frozen Semen: Yes ___ No ___ Hand Breeding/Live Cover: Yes ___ No ___

Veterinary Exam/Pre-Breeding Information: _____

Breeding Farm Contact Information: _____

Collection/Shipping or Breeding Schedule: _____

Special Instructions/Contract Specifications: _____

OWNER

Owner Emergency Contact Information: _____

Address: _____

Veterinary Emergency Contact Information: _____

AUTHORIZED SIGNATURES

Mare Owner Signature & Date: _____ Date: _____

Veterinary/Breeding Facility Signature: _____ Date: _____

