

War Horse Place
4425 Kearney Rd.
Lexington, KY 40511
Phone Dana cell 859-509-3157 Rachel cell 859-576-6208
Fax 859-253-6822

Mare Information Form 2016

(Please fill out completely and return prior to arrival at War Horse Place)

Mare Owner Information

If the mare is owned by a partnership, we will need the names, addresses and the percent of ownership for each partner for billing purposes.

Name: _____ Telephone: _____

Address: _____

Fax: _____ E-mail: _____

Primary Contact if owned in a partnership: _____

Mare Identification

Horse's Name: _____ Color: _____

YOB: _____ Sire: _____

Dam: _____ Dam's Sire: _____

Equine Insurance Company: _____ Phone: _____

Emergency contact for authorization regarding horse's care in owner's absence:

Contact: _____ **Phone:** _____

Mare Status

() In Foal () Maiden () Barren () Slipped () Not Bred

() Already Foaled/ Foaling Date: _____ Color: _____ Sex: _____

Stallion bred to in year 2015: _____ LBD: _____

2016 Breeding Stallion: _____

Mare Medical History

Has the mare required multiple breedings per season in order to achieve pregnancy?

Yes _____ No _____

If so, list any possible reasons, (maiden year, inflammation or poor recovery from foaling).

How many foals has the mare had? _____ Has she missed any years foaling, and if so, why? No _____ Yes _____

Reason _____

Has there been any dystocias (prolonged or difficult labor) which you know of? _____

Has the mare had any foals which have suffered from any illness, (pneumonia, diarrhea or colic)? Yes _____ No _____ If yes, explain: _____

Has the mare had a previous problem with NI foals (Neonatal Isoerythrolysis) No _____ Yes _____ Stallion bred to that year _____

Mare Vaccination and Worming Record

Date of last teeth floating _____

Date of last trim: _____

Date of last worming _____ Type used _____

Please indicate which vaccinations your horse has received:

Tetanus: _____ Date: _____ Rabies: _____ Date: _____

Influenza: _____ Date: _____ IM Strangles: _____ Date: _____

West Nile: _____ Date: _____ Botulism: _____ Date: _____

E/W: _____ Date: _____ Rotavirus: _____ Date: _____

Rhino: _____ Date: _____ Other: _____ Date: _____

Waiver of Liability

I fully understand that War Horse Place takes every precaution to protect the well-being of the above horse, and I agree to waive liability for unforeseen accidents and illnesses. In case of emergency, War Horse has permission to trailer horse to Equine Hospital.

If for any reason War Horse Place is unable to contact me or my emergency contacts, I authorize War Horse Place to make any decision regarding the appropriate care of my horse(s) in the case of an emergency. I understand I will be notified as soon as possible.

I have received a copy of War Horse Policies and Procedures and I agree to the terms and conditions stated within.

Notice of Kentucky Law: WARNING

Under Kentucky Law, a farm animal activity sponsor, farm animal professional or other person, does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

Signature: _____ **Date:** _____