

**War Horse Place**  
**4425 Kearney Rd.**  
**Lexington, KY 40511**  
**Office 859-519-5175, Rafael Zambrano 859-983-4322**

**Mare Information Form 2025**

(Please fill out completely and return prior to arrival for boarding 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 2024: \_\_\_\_\_ LBD: \_\_\_\_\_

2025 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: \_\_\_\_\_**