

MARE INFORMATION FORM

Name of Horse: _____

Name of Owner: _____

In case of emergency, if owner cannot be reached:

Name: _____ Phone No.: _____

Mare Status

In Foal Maiden Barren Slipped Not Bred

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

In foal to: _____ LBD: _____

In past has mare had any foaling problems? Yes No

If yes, describe: _____

Is Mare sutured: _____

Veterinary History

Colic: _____ Frequency: _____

Founder/Laminitis: _____ Date: _____

Allergies Known: _____

Other: _____

Last dates of following vaccinations:

Tetanus Toxoid: _____ West Nile: _____ Rhino: _____ Flu: _____

Encephalomyelitis (E&W): _____ Strangles: _____

Last Worming Date: _____ Product used (if known): _____