



Arrival Date

Depart Date

FOALING FORM

Mare Name:	Barn Name:	Tag #
2010 Service Stallion:		

FOALING HISTORY

Last Breeding Date:	Covering Sire:	Caslicks: Y or N
Foaling Habits / Concerns:		

REQUIRED IMMUNIZATIONS & DATES

Eastern/Western (Encephalomyelitis):	
Rhinopneumonitis (EHV-1) (5 th , 7 th , 9 th months):	
Influenza:	
Tetanus:	
Streptococcus equi (Strangles):	
Coggins:	Health Certificate:

Wormer Type:	Last Date:
Farrier: Trim or Shoes	Last Date:

NEEDED IMMUNIZATIONS & DATES

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Foaling Fee (\$375) includes:

- Attended foaling, IgG, Bio Sponge, Enemas as needed

Foal Inspection (KY) and Health Exam \$58

****Choose one of the following:**

- Epic (\$40) IgG Plasma (\$240) Rhodococcus Antibody Plasma (\$260)

BREEDING HISTORY

Prior Regumate History and Dosage:
Prior Breeding Issues/Concerns:

ITEMS THAT ACCOMPANY MARE

Halter	
Sheet	
Blanket	
Meds/Suppl/Misc Items	

INSURANCE

Company:	Policy #:	Contact #:
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