

Arrival Date

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Depart Date

### MARE INFO FORM

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

### BREEDING HISTORY

**Current Status:**    Open                  Maiden                  Wet

Prior Regumate History and Dosage:
Prior Breeding Issues/Concerns:
Under Lights / Cycling:

**If Open:**

Year of last foal:
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**If foal accompanies mare:**

Date Foaled:	Sire:	Date Wormed:
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### REQUIRED IMMUNIZATIONS & DATES

Eastern/Western (Encephalomyelitis):
Rhinopneumonitis (EHV-1):
Influenza:
Tetanus:
Streptococcus equi (Strangles):

Coggins: Health	Certificate:
Negative Culture (req. within 30 days except maiden mares):	

### OTHER ITEMS

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

### ITEMS THAT ACCOMPANY MARE

Halter	
Sheet	
Blanket	
Meds/Suppl/Misc Items	

### INSURANCE

Company:	Policy #:	Contact #:
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 270-389-0887 (office) 270-389-0849 (fax)  
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