

Arrival Date



Depart Date

MARE INFO FORM

Mare Name:	Barn Name:	Tag #
2009 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:		
If foal accompanies mare:		
Date Foaled:	Sire:	Date Wormed:

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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