

DOB: ___/___/___
Arrived: ___/___/___
Weight In: _____
CCoF: _____
Auto? _____



Collar: _____
Stall/Pen: _____
Owner: _____
Phone: _____
Text? Yes No
Stallion: M T W R F S U CTC

2021 MARE INTAKE FORM

Registered Name: _____ Registration #: _____
Stallion: _____ Semen Type: Fresh Shipped Frozen _____
Stallion Facility: _____ Phone: _____
Micro Chip? NO, Please Administer NO, Do Not Administer Yes, Chip#: _____
Embryo Transfer: Y N Embryo Facility: _____ Phone: _____
Is this a Breeding Lease or Embryo Lease? No Yes Copy of Lease Agreement is required
Insurance Company Information: _____
Agent Name & Number: _____

Feeding

Subject to Extra Cost

Feed (Name, Amount, Frequency): _____
Hay/Alfalfa: _____
Supplements: _____

Last Farrier: ___/___/___ Schedule: 4 6 8 weeks TRIM ½ SET FULL

Medical History

Coggins: _____ Health Certificate: _____ Dewormed: _____ w/(Brand name) _____

EWT	WN	FLU	RHINO	STREP	RABIES	Other

ALL MARES FOUND TO BE INADEQUATE ON THEIR VACCINES WILL BE GIVEN VACCINES AT OWNER'S COST

(please circle all that apply)

Maiden In Foal Bred, Did Not Take _____ (# Times Bred) Bred, Lost Foal Foaled To Term _____ (# previous foals)

Current Medications: _____

Breeding Soundness Exam: ___/___/___ Culture: ___/___/___ Lavaged: ___/___/___
Has your mare ever been on: Regumate? Y N Progesterone Shots? Y N Prascend? Y N

Foal Out Mares

Last Date Bred: ___/___/___ Micro Chip Foal: Yes No Chip #: _____

Estimated Due Date: ___/___/___ Foal's Sire: _____

Administer Plasma? No Yes, specific strain _____ Plasma Booster? Y N

Wet Mares

Foal Name: _____ D.O.B: ___/___/___

Micro Chip? No, Please Administer NO, Do Not Administer Yes, Chip#: _____

Foal Received Plasma? No Yes, on ___/___/___ Plasma Booster? N Yes, on ___/___/___

MARES WILL NOT BE ALLOWED TO LEAVE BVEH WITH A BALANCE

There will be a 3% added processing fee for VISA, Discover, and MasterCard transactions. There will be a 5% added processing fee for AMEX transactions. By signing below, the customer listed above acknowledges and agrees to pay the stated processing fees for any transactions by BVEH and BVEH subsidiaries.

Signature: _____ Date: _____