# Stud Mare Information Form

ITBA

| | | | |
|---|---|---|---|
| **MARE** | Colour: | Owner: | |
| | Date of Birth: | Address: | |
| Pedigree of Mare: | | | |
| | | Accounts Address: | |
| Passport Number: | | Telephone: | Fax: |
| Stallion Visiting: | | Email address: | |
| Status: MAIDEN / IN FOAL / BARREN / MAIDEN FOALER | | | |
| In Foal To | Are you registered for VAT ? Yes / No | | |
| | If Yes in which country ? | | |
| Due to Foal | VAT Registration Number: | | |

| | | | | |
|---|---|---|---|---|
| 1. Do you wish your mare to foal at the Stud ? | Yes No | | | |
| 2. Is she a quiet mare at all times ? | Yes No | | | |
| 3. Has the mare been stitched ? | Yes No | | | |
| 4. Has she had a haemolytic foal ? | Yes No | | | |
| Has she ever had a maladjusted (barker/dummy) foal ? | Yes No | | | |
| 5. Does she normally conceal her heat ? | Yes No | | | |
| 6. Has she had any infectious or contagious disease ? | Yes No | | | |
| 7. Has she been on a Stud in the last two years where Virus Abortion has been diagnosed ? | Yes No | | | |
| 8. Has she ever been vaccinated against Virus Abortion ? | Yes No | | | |
| - if so please state product used and dates given | Drug: | 1 | 2 | 3 |
| | Date: | | | |
| 9. Has she been vaccinated against tetanus ? | Yes No | | | |
| - if so please state product used and date given | Drug: | Date: | | |
| 10. Has she been vaccinated against Equine Influenza ? | Yes No | | | |
| - if so please state product used and date given | Drug: | Date: | | |
| 11. Do you wish the stallion stud to complete the Foal Identification certificate and Blood Type the foal? | Yes No | | | |
| 12. Date of last worm dose and product used | Drug: | Date: | | |
| 13. Last farrier date | | | | |
| 14. Foaling record for last three years | 20 | | | |
| | 20 | | | |
| | 20 | | | |
| 15. Approximate date of mare's arrival at Stud | | | | |
| 16. Is the mare insured? Yes / No If Yes please give company details : | | | | |
| 17. Will the mare 'Walk In' for cover? Yes / No If Yes please give details of boarding stud: | | | | |
| 18. Name of Veterinary Surgeon: Address and Telephone Number: | | | | |
| **Signature of mare Owner or Representative:** | **Date:** | | | |

**NOTE: Every care will be taken with your Mare / Foal but no responsibility whatsoever is accepted for any accident, disease, injury or death to Mare and / or Foal whilst visiting this Stud.**

**This document is private and confidential between mare owner and the stallion owner/manager.**