

TRAVIS HALL EQUESTRIAN CENTRE

R R 3 ROCKWOOD ,ONTARIO, CANADA, NOB2KO

519-843-4293 fax 519-843-4903 E-Mail travis_hall@sympatico.ca , Web. www.geocities.com/travishallequestriancentre

MARE INFORMATION SHEET

Owner's
Name _____

Full Mailing Address _____ Postal Code _____

Telephone (res) _____ fax _____ (work) _____

NAME OF MARE _____

Sire: _____ Dam _____ Dams Sire _____

Registry: _____ Reg # _____

Registry _____ Reg# _____

Date of Birth _____ Height _____ Colour _____

Foal eligible for registry with: _____

Please provide the following information , or any extra information to help care for and breed the mare.

(a) Maiden _____

(b) Barren? If so, state reason: _____

(c) Foal on side? Date of foaling _____ Sire _____

Last cycle-start _____ Finish _____

Time before start _____ Finish _____

How many cycles was the mare bred before settling? _____

By what method was the mare bred before settling? _____

In which month do you plan to breed your mare? _____

WHERE DID YOU HEAR OF, OR SEE THE STALLION? _____

PLEASE NOTE : Every mare, prior to breeding, must have a veterinary certificate of breeding soundness, and must be free from infectious diseases. Please remove hind shoes if using live cover, before the mare arrives. We reserve the right to summon a veterinarian for assistance at our discretion in an emergency without prior notification to mare owner on our farm. This form must be returned with the breeding contract, transported semen contract (If applicable) and booking fee.

DATED _____ MARE OWNER _____

ANY OTHER INFORMATION REGARDING THE MARE ETC. _____
