Repro Mare Information Form

Owner Name: _____ Phone Number: _____

Mare Name: _____ Age: _____ Color: _____

Breed: _____ Registration #: _____ Microchip #: _____

Is Your Mare Insured? (Circle one) Yes / No   Insurance Company: _____

Contact Name: _____ Phone Number: _____

Is This a Maiden Mare? Yes   No   Current Status of Mare? ⬛   Has mare been palpated before? Yes   No

Health History

Last Vaccine Date: Brand: Farrier Visit Date: Trim   Shoes

Last De-worming Date: Brand: Last Dental Exam:

Pre-existing Conditions / Injuries:

Any Special Dietary Requirements:

Unusual Behavioral Habits:

Breeding History

Breeding History (Infection/ Foaling etc.):

Semen Details for Breeding

Stallion #1: _____ Semen Type:

Contact Name: _____ Phone#

Will She?   If Flushing, How Many Embryos? _____

Stallion #2: _____ Semen Type:

Contact Name: _____ Phone#

Will She?   If Flushing, How Many Embryos? _____

Disclaimer:

At OCEC our number one goal is the health and wellness of every patient. We will take great care and put focus on the needs of your horse. However, things do happen. If your horse experiences any sickness, injury, or lameness while in the hospital, OCEC will treat as necessary. You will be notified ASAP if any of these situations occur. If we are unable to reach you or your emergency contact, then OCEC will do what is in the best interest of the horse. Any cost from such instances will be billed to the client.

Signature _____ Date _____

Print Name _____

- **Please include a copy of your mare's coggins and registration papers**
- *OCEC suggests that halters, leads, and blankets are NOT left with your mare. OCEC will not be responsible for the loss or damage to such halters, leads, and blankets.