

Mare Check In

Mare's Registered Name: _____ Breed: _____

If wet mare: Foal's Sire: _____ Date Of Birth: _____

Owner Name: _____

Billing Address: _____

Primary Contact: _____ Phone Number: _____

Stallion(s) Breeding To: _____ Embryo Transfer / Mare Carry / Oocyte Aspiration

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Desired Embryo Transfer Facility: WEMC / Other _____

Coggins Date: _____ Vaccinations Current: Yes / No Date and Type: _____

Does the mare need to be turned out? Yes / No

Does the mare need to be exercised on the walker? Yes / No

Farrier Services Requested: Yes / No

WEBC will schedule a farrier of our choosing for any needed farrier services unless you provide your preferred farrier's name and phone number here: _____

Special Instructions: _____

Feeding Instructions (please indicate quantity per feeding next to the appropriate feed type):

Alfalfa _____ Purina Senior _____

Coastal _____ 14% Pellet _____

Other _____

Mare Owner Signature: _____ Date: _____

Office Use Only:

Items left with horse: _____ Arrival Date: _____ Tag Number: _____