

# Mare Check In

Mare's Registered Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Mare's DOB \_\_\_\_\_ Mare's Color \_\_\_\_\_

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

\_\_\_\_\_ Embryo Transfer / Mare Carry / Oocyte Aspiration

\_\_\_\_\_ Embryo Transfer / Mare Carry / Oocyte Aspiration Desired Embryo

Transfer Facility: WEBC: **Personal Recip OR WEBC Recip**

Other \_\_\_\_\_

Coggins Date: \_\_\_\_\_ Vaccinations Current: Yes / No Date and Type: \_\_\_\_\_

***WEBC requires a Current Coggins on file, if you do not provide one w/in 24 hrs we will pull one***

Can the mare be turned out individually? Yes / No

If no to turnout, does the mare need to be exercised on the walker? Yes / No

Farrier Services Requested: Yes / No

**Dental 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: \_\_\_\_\_

**\*\*Medical History\*\*** and Special Instructions: \_\_\_\_\_

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## **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: \_\_\_\_\_