Donor Mare Check In ***(please fill in ALL blanks)***

Mare's Registered Name: _____

Breed: _____ Mare's Date Of Birth: _____ Mare's Color:_____

If Wet Mare:

Foaling Date: _____ Foal's Sire: _____

Owner Name: _____

Owner Billing Information: _____

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 OR Other _____

WEBC mandates a current Coggins on file prior to arrival and all mares appropriately vaccinated

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

Can the mare be turned out individually? Yes / No

If no to turnout, does the mare need to be exercised on the walker (walker board applies)? 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:_____

_____

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

Alfalfa_____ Purina Senior_____

Coastal_____ 14% Pellet _____

Other_____

If specific portions (outside of 1 scoop or 1/2 scoop) of grain, balancer, etc. are required please provide as pre-portioned servings if able or the correct measuring utensil to ensure the best care*

Mare Owner Signature: _____ Date: _____

Office Use Only:

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