

BROODMARE INFORMATION SHEET

Mare's Name: _____ Owner: _____

Reg. # : _____ Stallion Booked To: _____

Insurance Co. : _____ Phone No. : _____

Agent: _____

CURRENT STATUS: Due to Foal or Foaled _____ Open _____ Maiden _____

Reason if Open: Not Bred: _____ Bred Didn't Conceive: _____ Aborted: _____

Has this mare been under lights? Yes ___ No ___ If so, how long? _____

If Due: In Foal To: _____ Last Breeding Date _____

Or If Foaled: Foaled: _____ Color: _____ Sex: _____

Do you want foal insured at birth? Yes ___ No ___

Do you want foal given plasma? Yes ___ No ___

Last Date: Dewormed: _____ Strep: _____

Rhino: _____ West Nile #1: _____

Flu: _____ West Nile #2: _____

Sleeping Sickness: _____ Dental: _____

Tetanus: _____ Farrier: _____

EVA Vac. _____

EVA STATUS: TEST NEG: _____ TEST POSITIVE: _____ (Attach copy of test)

Please fill in as much of the above information as possible, then either send this sheet with mare or prior to her arrival. Also, please furnish a copy of the mare's registration papers.

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