



884 Iron Works Pike Lexington, KY 40511 Telephone: 859-294-0030 Fax: 859-294-0050

BREEDING SHED FORM

THIS BREEDING SHED FORM MUST ACCOMPANY MARE EACH TIME SHE IS PRESENTED FOR BREEDING

BOOKING HOURS: 7:30am – 4:30pm Monday-Friday ♦ 7:30am – 12:00 noon Saturday and Sunday

DATE: _____ BREEDING SESSION (A.M. or P.M.): _____

STALLION: _____

MARE: _____ AGE/COLOR: _____

PLEASE CHECK BEGINNING STATUS: () FOALING () BARREN () MAIDEN () IMPORTED FOR 2018 SEASON

- **ALL MARES MUST ARRIVE WITH PROPER IDENTIFICATION (HALTER NAMEPLATE OR NECK STRAP WITH NAME) IN ORDER TO BE BRED. SPENDTHRIFT WILL NOT PROVIDE ID MATERIALS.**
- **All cultures must be over 48 hours old, but, less than 30 days old. Cultures must be taken from current heat cycle.**
- **Hind shoes need to be removed before coming to the shed or mare will be sent home.**

Please **CIRCLE** the appropriate requirements for this trip and attach the required documents. **THE MARE WILL NOT BE BRED WITHOUT THESE DOCUMENTS.**

	1ST TRIP	2ND TRIP	3RD TRIP	4TH TRIP & ETC.	DOUBLE
DOMESTIC MAIDEN:	Shed Form Uterine Culture Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC BARREN:	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC FOALING:	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED MAIDEN:	Shed Form Uterine Culture *2 CEM Cultures *1 set to include an Endometrium Swab Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED BARREN:	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED FOALING:	Shed Form Quarantine Release Endometrium CEM Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form

DO WE HAVE PERMISSION TO TRANQUILIZE THIS MARE IF NECESSARY? CHECK ONE: YES _____ NO _____

**** Please tell us if this mare has any characteristics or conditions that our breeding shed needs to be aware of (for example, difficult to handle, sight impairments, etc.): _____**

Farm: _____ Farm Manager or Person Completing this Form: _____

Farm Office Telephone: _____ Cell Phone or Pager: _____

Name of Farm Veterinarian: _____ Veterinarian's Phone: _____