SPENDTHRIFT

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 – 1:00 PM Saturday and Sunday

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

STALLION: _____
MARE: _____ AGE/COLOR: _____

PLEASE CHECK BEGINNING STATUS: ( ) FOALING ( ) BARREN ( ) MAIDEN ( ) IMPORTED FOR 2021 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.**

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All Mares visiting the breeding shed must be vaccinated for Equine Herpes Virus Type 1 (i.e. Rhinomune/ Pneumabort-K)
Date of Vaccination_____ Type of Vaccination _____

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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**

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DO WE HAVE PERMISSION TO TRANQUILIZE THIS MARE IF NECESSARY? CHECK ONE: YES _____NO _____

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**** 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.)**:** _____

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Farm: _____ Farm Manager or Person Completing this Form: _____
Farm Office Telephone: _____ Cell Phone or Pager: _____

Name of Farm Veterinarian: _____Veterinarian's Phone: _____