

# MARE INFORMATION FORM – 2024 BREEDING SEASON

1504 Earle Road Charles Town, WV 25414 Telephone: (304) 725-2276 Fax: (304) 725-1060



## STALLION

### MARE OWNER INFORMATION (Please list the name as you would like it reported to The Jockey Club.)

Name (Entity Name): \_\_\_\_\_

If Multiple Owners Percentage Owned: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Preferred Method of Contact ☐ Agent ☐ Email ☐ Phone ☐ Fax

## MARE INFORMATION

(☐ IF MARE IS INSURED – PLEASE WRITE DETAILS ON BACK OF FORM)

Mare's Name: \_\_\_\_\_ Sire: \_\_\_\_\_

Dam: \_\_\_\_\_ Dam's Sire: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ☐ Dk B/Br ☐ Bay ☐ Ch ☐ Gray/Roan

## MARE STATUS

☐ Maiden ☐ In-Foal ☐ Barren ☐ Slipped ☐ Not Bred in 2023

☐ Already Foaled – 2024 Foaling Date \_\_\_\_/\_\_\_\_/2024 ☐ Dk B/Br ☐ Bay ☐ Ch ☐ Gray/Roan ☐ Filly ☐ Colt

2023 Stallion Bred To: \_\_\_\_\_ 2023 Last Date Bred: \_\_\_\_\_

2022 Stallion Bred To: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/2023 ☐ Dk B/Br ☐ Bay ☐ Ch ☐ Gray/Roan ☐ Filly ☐ Colt

2021 Stallion Bred To: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/2022 ☐ Dk B/Br ☐ Bay ☐ Ch ☐ Gray/Roan ☐ Filly ☐ Colt

2024 Breeding Season Boarding Farm: \_\_\_\_\_

Contact Name: \_\_\_\_\_

(If different from owner information)

Cell #: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mare's Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

## EMERGENCY CONTACT\*

Emergency Phone #: \_\_\_\_\_ Surgical Candidate\*: ☐ yes ☐ no Hospital Referral\*: ☐ yes ☐ no

(\*If deemed necessary by our veterinarian. If **yes**, we will attempt to contact you prior to referral; however, if we are unable to reach you, we will do as our veterinarian advises.)

☐ This mare has been vaccinated for Equine Herpes Virus Type-1 in the last 7-90 days prior to breeding.

Date of Vaccination: \_\_\_\_\_ Type of Vaccination: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_