



# 2009 MARE IDENTIFICATION & INFORMATION FORM (1 of 2)

Fox Tale Stud is a division of BLUE MOON EQUESTRIAN ENTERPRISES, LTD.

5702 Limeport Pike Coopersburg, Pennsylvania 18036 - Office telephone: 610-965-0656 Office fax: 610-965-0651 [www.foxtalestud.com]

## Stallion Information

Stallion Booked To: \_\_\_\_\_

Stallion Service Fee: \_\_\_\_\_

## Mare Information

Mare Reg. Name: \_\_\_\_\_  
Please the Jockey Club registered name of your mare.

Color: \_\_\_\_\_

Mare Registration #: \_\_\_\_\_

Year Foaled: \_\_\_\_\_

Sire of Mare: \_\_\_\_\_

Dam of Mare: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_

Sire of Dam: \_\_\_\_\_

### Estimated Departure

*please check one*

- End of this cycle
- 14 Days
- 30 Days
- 90 Days

### Mare's Current Status

*please check one and fill in any required information.*

- Currently in foal
- Currently not in foal
- Barren
- Maiden
- Slipped/Aborted

*If the mare is in foal, please name the stallion and indicate the last date it was covered by that stallion in 2008*

\_\_\_\_\_

*If the mare has a foal at her side, please fill in the required information:*

Date foaled: \_\_\_\_\_ Gender: \_\_\_\_\_ Color: \_\_\_\_\_

Mare's Current Boarding Farm or Residence: \_\_\_\_\_ Farm Phone: \_\_\_\_\_

### Mare's recent production history

Year Foaled	Sire of Foal	Color & Gender	Comments
①			
②			
③			

Please list any reproductive work already performed on mare, special requests, information relating to foaling or foaling complications, condition, allergies, feed requests, turn-out requirements, disposition or dangerous propensities of your mare that you feel is important for the breeding farm to have on file:

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*Please continue to page 2 for immunization schedules, medical certifications and optional services.*



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## Certified Tests

The following certified tests are required to be current and completed with in a 90 day period prior to the mare arriving at Fox Tale Stud.

Coggins Test

EVA Test

Test Date: \_\_\_\_\_

Test Date: \_\_\_\_\_

Test Result: \_\_\_\_\_

Test Result: \_\_\_\_\_

## Vaccinations

Rhino (EHV-1 EHV-4)

STRANGLES Pinnacle IN

Date Given: \_\_\_\_\_

Date Given: \_\_\_\_\_

Must be current and given with in 90 days prior to the mare arriving at Fox Tale Stud.

Must be current and given with in 90 days prior to the mare arriving at Fox Tale Stud.

Please check all boxes that apply and fill in any required information.

### Vaccinated in 2008

- Eastern Encephalomyelitis
- Western Encephalomyelitis
- Tetanus
- Potomac
- Rabies
- West Nile
- Influenza
- Botulism

### Vaccinated in 2009

- Eastern Encephalomyelitis
- Western Encephalomyelitis
- Tetanus
- Potomac
- Rabies
- West Nile
- Influenza
- Botulism

### I would like FTS to Vaccinate for:

- Eastern Encephalomyelitis
- Western Encephalomyelitis
- Tetanus
- Potomac
- Rabies
- West Nile
- Influenza
- Botulism

## Medical History

Please check all boxes that apply and fill in any required information.

Caslick/Staples

- Yes
- No
- Currently sewn

Surgery

- Yes
- No

Please note, that is a mare is delivered with a sewn caslick surgery will be required to open it for breeding.

Colic

- Yes
- No

Frequency: \_\_\_\_\_

Founder

- Yes
- No

Date of foundering: \_\_\_\_\_

Worming

Date of last worming: \_\_\_\_\_

Wormer used: \_\_\_\_\_

- Yes *I would like FTS*
- No *to worm mare.*

Do you wish your mare to be trimmed or shod during her stay?  Trimmed  Shod  Neither

If your mare is insured please fill required information.

Insurance company : \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give permission to Fox Tale Stud to tranquilize the mare if necessary for her to be safely bred or handled.

PLEASE NOTE: If you decline, Fox Tale Stud reserves the right not to cover or breed your mare if it is deemed unsafe.

- Accept
- Decline

\_\_\_\_\_  
Signature of authorized agent or owner.

This form was filled in by: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mare owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_