

Iowa State University Animal Science Horse Barn Mare Information Sheet

To facilitate our records, please submit a photocopy of the mare's registration papers and fill out applicable information below.

Owner's Name			
Address:			
Home Phone		Fax	
Work Phone		Cell	
Email			
Mare's Name		Breed	
Registration #		Color & Markings	
Anticipated arrival date?		Foal at side?	
Is mare to remain at breeding farm until pregnancy check?			

MARES REPRODUCTIVE STATUS AND HISTORY

a.	Maiden	_____	_____	_____	_____	_____
b.	Barren	1	2	3	4	>5 yr
c.	Last foaled	0	1	2	3	>4 yr previous
	Date of last foaling	_____		Sire of foal	_____	
d.	Pregnant	_____	Last breeding date?		_____	_____
e.	Method of breeding during last season	AI	Natural	Pasture	Unknown	
f.	Number of cycles bred during last season?		1	2	3	Unknown
g.	Any history of previous uterine infection?			Yes	No	Unknown
h.	Does she have a history of early embryonic loss?			Yes	No	Unknown
i.	Does she cycle normally?			Yes	No	Unknown

MARES HEALTH HISTORY

			Date of last vaccination/deworming
Tetanus	Yes _____	No _____	_____
Western & Eastern Encephalomyelitis	Yes _____	No _____	_____
Influenza	Yes _____	No _____	_____
Rhinopneumonitis	Yes _____	No _____	_____
Strangles	Yes _____	No _____	_____
Other	Yes _____	No _____	_____
Deworming	Yes _____	No _____	_____

1. Vaccinations required are Eastern and Western Encephalitis, Tetanus, Influenza, and Rhinopneumonitis (respiratory form). If the mare has not had her annual vaccination she will need to be vaccinated upon arrival at the expense of the owner.
2. The mare should have been dewormed within the last 8 weeks. If the mare has not been dewormed within the last 8 weeks she will need to be dewormed upon arrival at the expense of the owner.
3. The mare's hooves must be trimmed. If they are excessively long, the mare will be required to be trimmed at the expense of the owner.

Colic Yes _____ No _____ Frequency _____

Founder Yes _____ No _____ When _____

Allergies, if known _____

(over)

MARE CARE

Feeding Program:

Hay type _____ Amount _____

Grain type/s _____ Amount _____

Special Care Requirements:

To be contacted in case of emergency, if owner cannot be reached:

Name _____ Phone _____

Address _____

Is mare insured? _____ By whom? _____ Phone _____

CONSENT:

I am the owner/authorized agent for the above animal and have the authority to consent to breeding the mare and having the mare reproductively examined by Iowa State University veterinarians.

Name (if other than owner): _____

Address _____

City/State _____ Zip Code _____

Telephone #: () _____

Signature

Date

Iowa State University Department of Animal Science Policy

1. Iowa State University Animal Science Department has the right to refuse to breed a mare if she is underweight (body condition score of 3 or below), reproductively unsound or unhealthy.
2. If the mare or foal has hurt itself, the equine field service at the Veterinary School will be called for assessment at the expense of the owner.
3. If the mare or foal is showing signs of illness – runny nose, off feed, runny eyes, the temperature of the horse will be taken. If the horse has a temperature, the horse will be isolated and the equine field service at the Veterinary School will be called for assessment at the expense of the owner.

To be completed by Iowa State University

Condition Score at Arrival _____

Condition Score at Departure _____

Picture at Arrival _____

Picture at Departure _____

Arrival Date _____

Departure Date _____

Signature of horse barn personnel who checked in the mare

Signature of horse barn personnel who checked out the mare.