

F.A.H.

Transported Semen Program /Brood Mare Record (Please Print)

Owner Name _____ Phone _____

Address _____ Phone _____

Mare's Name _____ Reg # _____ Age _____

Color & Markings: _____

Status: Barren _____ Maiden _____ Foaling _____

Date due to foal _____ Tentative breeding _____

Date of last estrus _____ Typical duration of estrus _____

Any hormonal treatments used?
(Progesterone, HCG, or Prostaglandins) _____

Closest airport for shipping _____

HEALTH HISTORY

Please check and date

Vaccinations

Date last booster _____

Rhinopneumonitis

Deworming frequency:

Tetanus

Encephalitis

Date last dewormed:

Influenza

Botulism

Product used:

Rabies

Potomac R F.

Date last coggins:

Strangles

Other

General Health comments: _____

