

Physical address:  
281 Burke Rd  
Stillwater, NY 12170  
Mailing address:  
PO Box 656, Pine Plains, NY 12567

Irish Hill &  
Dutchess Views  
Stallions LLC

Tel: 518-398-5666  
Fax: 518-398-5143  
[info@ihdvstallions.com](mailto:info@ihdvstallions.com)

**2018 BREEDING SHED FORM**

This form must be completed and signed by a representative of the boarding farm

**\*\*\*This form must accompany mare each time she is to be bred\*\*\***

STALLION: \_\_\_\_\_ Date of breeding: \_\_\_\_\_

MARE: \_\_\_\_\_ AGE: \_\_\_\_\_ COLOR: \_\_\_\_\_ Time of breeding: \_\_\_\_\_

Status: ( ) Maiden ( ) Barren ( ) Foaling Covering Sire in 2017: \_\_\_\_\_ LCD: \_\_\_\_\_

Boarding Farm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Veterinarian \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you give permission to tranquilize mare if necessary? ( ) Yes ( ) No

Any characteristics we should be aware of? \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE CATEGORY FOR MARE AND ATTACH NECESSARY PAPERS TO THIS FORM**

- \_\_\_\_\_ 1. **MAIDEN and BARREN MARES** (US and Canadian):  
1<sup>st</sup> Trip: Shed Form, Negative Uterine Culture (within 60 days)  
2<sup>nd</sup> Trip: Shed Form  
3<sup>rd</sup> Trip and all subsequent trips: Shed Form, Negative Uterine Culture

**\*\*HIND SHOES REMOVED\*\***

**\*\*ALL MAIDENS MUST BE JUMPED PRIOR TO FIRST TRIP\*\***

- \_\_\_\_\_ 2. **FOALING MARES:**  
1<sup>st</sup> Trip: Shed Form  
2<sup>nd</sup> Trip and all subsequent trips: Shed Form, Negative Uterine Culture

- \_\_\_\_\_ 3. **DOUBLE:**  
Any mare returning for a second cover in the same heat cycle **must be examined by your veterinarian on the day she is bred.**

- \_\_\_\_\_ 4. **IMPORTED MARES**  
Imported mares must follow above rules in addition to having a Quarantine Release.

**\*\*ALL MARES MUST HAVE PROPER IDENTIFICATION (NECK STRAP OR HALTER WITH NAME)\*\***

Farm: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Farm Manager: \_\_\_\_\_ Cell# \_\_\_\_\_