

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



To Book your Mare: 518-584-1515
Administrative Tel: 518-398-5666
Fax: 518-398-5143
info@ihdvstallions.com

2019 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 2018: _____ LCD: _____

Boarding Farm: _____ Telephone: _____

Veterinarian _____ Telephone: _____

****All mares must be vaccinated for Equine Herpes Virus Type-1
(i.e. Rhinomune, Pneumabort-K, etc.) between 7-90 days of being covered by a Stallion.****

Date of Vaccination: _____ Type Of Vaccination: _____

Administered By: _____

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):
1st Trip: Shed Form, Negative Uterine Culture (within 60 days) 2nd Trip: Shed Form
3rd 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:**
1st Trip: Shed Form 2nd 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# _____