



3301 Versailles Road
Lexington KY 40510

Fax: 859-252-0519
Phone: 859-225-0446

2018 BREEDING SHED FORM

THIS FORM MUST ACCOMPANY THE MARE EACH TIME SHE IS PRESENTED FOR BREEDING

ENTRANCE TO BREEDING SHED: Please use the main entrance off of Versailles Road and press 106 at the call box.

Date: _____ Session: 8AM _____ 2PM _____

Stallion: _____ Mare: _____

Mare's Sire: _____ Mare's Dam: _____

Mare's Age: _____ Mare's Color: _____

- **Cultures must be taken within 30 days.** Mare must have proper identification (halter or neckstrap nameplate) in order to be bred.
- All mares coming to the breeding shed are to be vaccinated for **Equine Herpes Virus Type-1** (Rhinomune or Pneumabort K, etc.) 7-90 days before being covered by a Calumet Farm stallion. **Date of Vaccination:** _____ **Type :** _____
- Please circle the appropriate requirements for each trip that need to accompany the mare and attach necessary paperwork.

	<u>1st TRIP</u>	<u>2nd TRIP</u>	<u>3rd TRIP</u>	<u>4th TRIP, ETC.</u>	<u>DOUBLE</u>
DOMESTIC MAIDEN	Shed Form Uterine Culture Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC BARREN	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC FOALING	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED MAIDEN	Shed Form Uterine Culture • 2 CEM Cultures • 1 set to include Endometrium Swab Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED BARREN	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED FOALING	Shed Form Quarantine Release Endometrium CEM Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form

DOES THE STALLION MANAGER HAVE PERMISSION TO TRANQUILIZE AND/OR IMPREGNATE THIS MARE IF NECESSARY?
(Please circle one) **YES NO**

Please tell us if this mare has any characteristics or conditions that our breeding shed needs to be aware of (difficult to handle or twitch, sight impairments, lameness, etc.) _____

Farm: _____

Contact: _____ Phone Number: _____

Veterinarian: _____ Vet's Phone: _____