Ashford Stud 2027 Breeding Shed Form

Booking Lines: 859-879-5749/ 859-879-5704

THIS BREEDING SHED FORM MUST BE EMAILED TO BREEDING@COOLMORE.COM BEFORE THE MARE ARRIVES AT THE SHED

Stallion: _____ Date:_____ Time:_____

Mare Name:_____ Age:_____ Color:_____

Boarding Farm:_____ Farm Veterinarian: _____

Farm Manager's Name & Cell Number:_____

All mares must be vaccinated for Equine Herpes Virus (i.e. Pneumabort-K) between 7-90 days of being covered

Vaccination date:_____ Vaccine type:_____

- Mare must have proper identification (halter nameplate or neck strap)
- Please do not use show sheen on mares.
- All mares must be jumped before coming to the shed.

Please highlight or circle the appropriate information below, the mare will not be bred without all required paperwork;
(Foal Heat mares and Doubles may be bumped at short notice – No foal heats until May 1st)

		2nd TRIP	3rd TRIP	4th TRIP, ETC.	DOUBLE
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 Foaling Date: _____	Shed Form	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	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form

DO WE HAVE PERMISSION TO TRANQUILIZE THIS MARE IF NECESSARY? YES ☐
(Please check one) NO ☐

Please tell us if this mare has any characteristics or conditions that our breeding shed needs to be aware of
(for example: difficult to twitch, sight impairments, injuries etc.)
The manager of the stallion, in his/her sole opinion may refuse breeding.

_____

Signature of Owner or Authorized Agent: _____ Date: _____