

# Breakway Farm LLC

10887 Racing Lane, Dillsboro, Indiana 47018 Phone: (812) 584-6028 Fax: (812) 432-3217

## Breeding Shed Form

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

Date: \_\_\_\_\_ Breeding Session: \_\_\_\_\_

Stallion: \_\_\_\_\_ Mare: \_\_\_\_\_

Mare's Sire: \_\_\_\_\_ Mare's Dam: \_\_\_\_\_

Mare's Age: \_\_\_\_\_ Mare's Color: \_\_\_\_\_

PLEASE CHECK BEGINNING STATUS: ( ) FOALING ( ) BARREN ( ) MADIEN ( ) IMPORTED

- Mare **must** have proper identification (halter nameplate or neckstrap) in order to be bred.
- All cultures must be over 48hrs old, but less than 30 days old.
- Hind shoes need to be removed before coming to the shed or mare will be sent home.

Please **circle** the appropriate requirements **for each trip** that need to accompany the mare and attach the necessary paperwork.

**THE MARE WILL NOT BE BRED WITHOUT THESE DOCUMENTS.**

	1st TRIP	2nd TRIP	3rd TRIP	4th TRIP, ETC.	DOUBLE
<b>DOMESTIC MAIDEN</b>	Shed Form Uterine Culture Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
<b>DOMESTIC BARREN</b>	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
<b>DOMESTIC FOALING</b>	Shed Form	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
<b>IMPORTED MAIDEN</b>	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
<b>IMPORTED BARREN</b>	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
<b>IMPORTED FOALING</b>	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? CHECK ONE: YES \_\_\_\_\_ 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 handle, sight impairments, etc.) \_\_\_\_\_

Farm: \_\_\_\_\_ Farm Manager or person completing this form: \_\_\_\_\_

Farm Office Phone: \_\_\_\_\_ Cell Phone / Pager: \_\_\_\_\_

Farm Veterinarian: \_\_\_\_\_ Veterinarian's Phone: \_\_\_\_\_