

CC THOROUGHBRED FARM

1561 Cold Springs Road

Douglas, WY 82633

307-358-0612

Client Mare Record

Arrived _____ Departed _____

Mare Barn Name _____ Age _____ Breed _____

Mare Reg. Name _____ Mare Reg. No. _____

Description _____

Mare's Current Status: In Foal _____ Barren _____ Maiden _____

Slipped/Aborted _____ Not Bred _____

Comments (status, condition, or disposition of mare that may be important for the breeding shed) _____

Owner _____

Address _____

Phone _____

Email _____

Emergency Contact _____

Insured Yes _____ No _____

Stallion Selection _____

Health

Last Deworming _____

Last Vaccination _____

WNV _____

EEE/WEE _____

Signature of Owner or Authorized Agent

Date

This form must be on file prior to the mare being booked to be covered. Thank you!