



Broodmare Intake Form

Mare Information:

Owner Name: _____

Registered Name: _____

Barn Name: _____ Age/DOB: _____

Breed: _____ Registration Number: _____

Colour and Distinguishing Markings: _____

Medical History: _____

Current Medications: _____

Behavioural Concerns: _____

Foal at Side (if applicable):

Name: _____ Date of Birth: _____

Any foaling complications? _____

Breeding History:

- Maiden (never attempted to breed)
- In foal / foal at side. Due date or foaling date: _____
- Barren (attempted to breed last season)
- Previous foals, but not bred last year

Breeding History (if applicable): _____

Breeding Plan:

Please select all that are applicable:

- Artificial Insemination- Fresh Semen*
- Artificial Insemination- Frozen Semen*
- Donor Mare for Embryo Transfer*
- Donor Mare for OPU*

Planned Month of Breeding: _____

Stallion: _____

Location of Stallion/ Semen: _____

If more than one embryo transfer, list desired order for stallions:

Stallion 1: _____ Stallion 2: _____