



Intake Form- Foaling Out

Mare Information:

Owner Name: _____

Registered Name: _____

Barn Name: _____ Age/DOB: _____

Breed: _____ Registration Number: _____

Colour and Distinguishing Markings: _____

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Medical History: _____

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Current Medications: _____

Behavioural Concerns: _____

Stallion's Name: _____ Due Date: _____

Foaling History:

- Maiden (never foaled before)
- Has had foal(s) before with no assistance or complications
- Has had foal(s) and required assistance or had complications. (Please provide additional information below)

Breeding History:

- Live Cover
- Artificial Insemination- Fresh/ Cooled Semen
- Artificial Insemination- Frozen Semen
- Recipient Mare From Embryo Transfer (Please provide additional information below)

Comments/ Concerns:
