



## Stallion Intake Form

### **Stallion Information:**

Owner Name: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Barn Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Colour and Distinguishing Markings: \_\_\_\_\_

\_\_\_\_\_

—  
Medical History: \_\_\_\_\_

\_\_\_\_\_

—  
Current Medications: \_\_\_\_\_

Behavioural Concerns: \_\_\_\_\_

\_\_\_\_\_

### **Breeding History:**

Please select all that apply:

- Pasture Bred
- Hand Bred
- Collects From Phantom
- Requires Phantom Training

### **Services Requested:**

Select all that apply:

- Semen Evaluation with Extender Test for Fresh/Cooled Shipping
- Semen Collection for Fresh/Cooled Shipments for The Season
- Semen Evaluation with Test Freeze
- Semen Collection for Freezing
- Breeding Soundness Examination
- Phantom Training

### **Additional Comments (History/Comments/Concerns):**

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