

MARE DISCLOSER STATEMENT

1. Name of Mare _____ Registration No. _____
(attach copy of papers, front & back)
2. Date of Birth of Mare _____
3. Is the mare a maiden? _____ Is the mare open? _____
4. Was the mare bred previous year? _____ To which stallion? _____
5. Has mare delivered a prior foal? _____ If so, how many? _____
6. Is mare in foal? _____ If so, expected foaling date is _____
7. Special procedure to follow regarding the expected foaling of this mare:

8. Attached us a copy of current negative coggins dated _____
9. When was mare last paste wormed? _____ tube wormed? _____
10. When was mare's last farrier service? _____
11. Do you agree to have mare's feet trimmed at 6 week intervals? (circle one) YES NO
12. State date of last vaccinations as follows: EASTERN/WESTERN (Encephalomyelitis) _____
RHINOPNEUMONTIS _____ INFLUENZA _____ TETANUS TOXIOD _____
STREPTOCOCCUS EQUI _____ POTOMAC HORSE FEVER _____
13. State any special dietary, farrier, veterinary services required of the mare of foal. Mare owner agrees that stallion manager may surcharge or reject mare if such special services listed below are practically prohibitive:

14. The mare shall be examined to confirm pregnancy by sonogram. If mare owner desires an alternate method, please state:

15. Is mare insured? (circle one) YES NO
If so, state: Name of Insurance Company _____
Policy Number: _____ Emergency Telephone Number: _____

NAME OF MARE OWNER: _____

CURRENT MAILING ADDRESS OF MARE OWNER: _____

DAYTIME PHONE NUMBER: _____ EVENING PHONE _____

FAX NUMBER: _____ ALTERNATE PHONE FOR EMERGENCIES: _____

SIGNATURE OF MARE OWNER: _____ DATE: _____

THIS DISCLOSURE STATEMENT MUST ACCOMPANY BREEDING CONTRACT

CHECK HER AS ATTACHED: _____ COPY OF PAPERS _____ COPY OF COGGINS

