

## 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**

