

Virginia Equine

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MARE

Registered Name _____

Barn Name _____ Registration Number _____

Breed _____ Age _____ Color _____

OWNER

Name _____

Address _____

Phone(H) _____ (W) _____ (C) _____

Emergency number _____

BOOKING

Stallion booked to _____

Type of semen _____

Semen contact person name and number _____

VACCINATIONS

DATE GIVEN

Potomac Horse Fever _____

Tetanus _____

Flu/Rhino _____

Eastern/Western Encephalitis _____

Strangles _____

Rabies _____

Dewormer (type) _____

Coggins date _____

MEDICAL INFO

Regular veterinarian _____

Allergic sensitivities _____

Does she have a caslicks? _____

Date last foaled? _____

Last uterine culture? _____ Any infection present _____

Does she show signs of heat? _____

Has she received progesterone for pregnancy maintenance? _____

Has she ever aborted? _____

Does she have a history of twins or colic? _____

FEED

Grain _____ Hay _____

CARE

Turn out specifications _____

(please note that if your mare has hind shoes on they will be removed)

Vices _____

Special needs _____

Is this horse insured? _____ Insurance Company _____

Policy number _____ Phone number _____

PLEASE NOTE

- Mare must have proof of negative Coggins taken within six months of arrival.
- Please note and understand that if your mare's vaccinations are not current upon arrival at Virginia Equine that they will be given by a veterinarian at the owners expense.

I agree to pay a daily boarding rate of \$ _____ for a mare without foal and \$ _____ for a mare with a foal. Payments shall be made monthly to Virginia Equine, and the entire boarding bill must be paid in full before the mare departs from Virginia Equine.

I agree that the above information is correct and complete to the best of my knowledge. I agree to pay both the board and veterinary bill at the time of discharge.

Signature of mare owner/agent

Date

Virginia Equine agent

Date

Mare arrival date _____ Departure date _____