

# Virginia Equine

Douglas K. Daniels, DVM  
Virginia M. DeChant, DVM  
Heather D. Caplan, DVM

(804)784-6088 or (804)784-5419  
Barn: (804)784-0900  
Fax: (804) 784-4311

## 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 \_\_\_\_\_