

# Addendum "B" ~Mare Information/Disclosure Statement~Breeding at Farm

Mare Name \_\_\_\_\_ Registration # \_\_\_\_\_ T # \_\_\_\_\_  
Service Stallion: \_\_\_\_\_ Year of Birth of Mare \_\_\_\_\_ Is the mare a maiden? **Yes or No**  
If not maiden, is the mare open? **Yes or No** If "Yes" Was Mare Bred Last Year? **Yes or No** If "Yes" and mare is barren;  
please describe breeding season events (Use additional sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has mare delivered a prior foal? **Yes or No** If **Yes**, how many? \_\_\_\_\_ If not in foal; State Last Year Mare Foaled: \_\_\_\_\_  
If "**No**", What is the expected foaling date: \_\_\_\_\_ If Foal accompanies Mare; state date foaled: \_\_\_\_\_  
Has foal been wormed? **Yes or No** Date & Type: \_\_\_\_\_ If Mare is to be foaled out by ERS,  
please provide the following information: Last Breeding Date: \_\_\_\_\_ Based on Previous Foalings, Expected  
foaling date: \_\_\_\_\_ Does Mare have Caslicks? **Yes or No** Mare is in foal to which stallion: \_\_\_\_\_  
\_\_\_\_\_ Describe any past complications or Special procedures to follow regarding the expected  
foaling of this mare (Use additional sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mare~State date of last vaccinations as follows:** Eastern/Western (Encephalomyelitis) \_\_\_\_\_  
Rhinopneumonitis: \_\_\_\_\_; Influenza \_\_\_\_\_; Tetanus Toxoid \_\_\_\_\_  
Streptococcus Equi \_\_\_\_\_; Potomac Horse Fever: \_\_\_\_\_; West Nile (at owners  
discretion) \_\_\_\_\_  
Current Negative Coggins Test dated: \_\_\_\_\_ Date&Type of last wormer: \_\_\_\_\_  
Date of mare's last farrier service: \_\_\_\_\_ If any Pre-Breeding Veterinary procedures have been completed, please  
advise & provide copies of records. State any special dietary, farrier or veterinary medications/services required of the mare or  
foal. (Mare owner agrees that Farm may surcharge or reject mare if such special services listed below are practically prohibitive).  
Also, state any medical history of horse that is pertinent.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pregnancy confirmed by sonogram. If alternate method desired, please state: \_\_\_\_\_  
State any habits of Mare to be aware of: \_\_\_\_\_  
State any known allergies to feeds or medication \_\_\_\_\_  
State Current Feeding Program ~Type of Grain/Hay, if Pellets(Brand) & Amounts: \_\_\_\_\_  
\_\_\_\_\_

In the event of colic or life threatening illness of Mare and/or Foal, all means available as instructed by attending veterinarian will  
be utilized to save said Mare/Foal, including surgery. If mare owner chooses to refuse specific treatments; it is described as  
follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is mare insured? **Yes or No** If **Yes**, state Name of Insurance Company: \_\_\_\_\_  
Policy No. \_\_\_\_\_ Insurance Phn# \_\_\_\_\_  
Mare Owner (Print): \_\_\_\_\_ Sign & Date: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Daytime Ph: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Alternate Contact & Phone in Event of Emergency: \_\_\_\_\_

**Mare Owner to Provide Prior to Mare's Arrival: 1) Disclosure Statement 2) Copy of Negative Coggins & Breeding Diagnostics 3) Copy  
of Vet Certified Current Vaccinations 4) Copy of Registration Papers 5) Copy of Last Year's Veterinary Breeding Records**