

## Oswood Stallion Station

1400 Old Garner Rd Weatherford, TX 76088

(817) 599-4560 (817) 599-4564 fax oswoodstallionst@aol.com www.oswoodstallionstation.com

### Mare Pre-Arrival Health Information

Contract Type: **New** **Rebreed** (Please Circle One)

Mare: \_\_\_\_\_ Registration #: \_\_\_\_\_

Please attach a copy of breed registration papers

Stallion(s): \_\_\_\_\_

#### Billing address: (if different than contract)

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mare Agent: \_\_\_\_\_

Mare Agent # \_\_\_\_\_

Is this an embryo transfer breeding? **Yes** **No** (please circle one)

ET Facility: \_\_\_\_\_

Has mare ever been palpated? **Yes** **No** (please circle one)

Is this mare a maiden? **Yes** **No** (please circle one) If No, please provide any necessary reproductive history: \_\_\_\_\_

Please include any need for Regumate, previous culture/biopsy results, Caslicks, etc.

Has mare ever carried a foal before? **Yes** **No** (please circle one)

#### For foaling or wet mares, please provide:

Last breeding date: \_\_\_\_\_ Stallion Bred to: \_\_\_\_\_

Foaling date: \_\_\_\_\_ Foal Sex: \_\_\_\_\_ Foal Color: \_\_\_\_\_ Other: \_\_\_\_\_

Desired Mare Care Location: **Stall** or **Pasture** (please circle one) If stalled, is turn out ok? \_\_\_\_\_

Has mare been under lights? **Yes** or **No** Additional instructions, if any \_\_\_\_\_

Is this mare insured? **Yes** or **No** If yes, who is the carrier? \_\_\_\_\_

Policy number: \_\_\_\_\_ Contact # \_\_\_\_\_

#### Health Records: (please provide last dates for following)

Deworming date/product: \_\_\_\_\_ VEWT \_\_\_\_\_ West Nile Virus \_\_\_\_\_

Rhino/Flu \_\_\_\_\_ Strep \_\_\_\_\_ Rabies: \_\_\_\_\_

Farrier: **Shoe** or **Trim** Last Farrier Date: \_\_\_\_\_ Additional Farrier Notes: \_\_\_\_\_

**Please send a copy of a current (within 12 months) negative Coggins. All mares arriving without complete records will be given appropriate vaccinations, dewormer and Coggins test, as deemed necessary at owner's expense.**

**I hereby authorize Oswood Stallion Station, Inc. to charge the following credit card for charges not prepaid:**

Circle One: **VISA** **MasterCard** **AmEx** **Discover** Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4 digit CCV# \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_