

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**

(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) _____

(Fax) _____

E-Mail Address: _____

Other: _____

Mare agent: _____

Mare Agent # _____

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

ET Facility: _____

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.

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 _____ Flu/Rhino _____ Strep _____

West Nile Virus _____ Rabies: _____ EVA Tested/Vaccinated: _____

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 Card Number: _____

Name as appears on card: _____

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

Authorized Signature: _____