



1713 W. Washington • Anthony, NM 88021
(915) 539-2176 • (505) 589-3984
E-mail: Aahorseranch1@aol.com • www.aaranch.org

BROODMARE INFORMATION SHEET

Mare's Name: _____ Owner: _____

Reg. #: _____ Stallion Booked To: _____

Insurance Co.: _____ Phone #: _____

Current Status: Due to Foal or Foaled Open Maiden

Reason if Open: Not Bred: _____ Bred Didn't Conceive: _____ Abort: _____

Embryo Flush: _____ Embryo Received?: _____

Has this mare been under lights? Yes _____ No _____ If so, how long? _____

If Due: In Foal To: _____ Last' Breeding Date: _____

Or If Foaled: Foaled: _____ Color: _____ Sex: _____

Do you want foal insured at birth? Yes: _____ No: _____ Agent? _____

Do you want foal given plasma? Yes: _____ No: _____

Last Date: Dewormed: _____ Strep: _____

Rhino: _____ West Nile #1: _____

Flu: _____ West Nile #2: _____

Sleeping Sickness: _____ Dental Work: _____

Tetanus: _____ Farrier: _____

*Please fill in as much of the above information as possible then either send this sheet with mare or prior to her arrival. **Also, please furnish a copy of the mare's registration papers, as well as a copy of a coggins dated within the last 12 months.***