



For the Mare named:

MARE HEALTH FORM

Please complete thoroughly. The following is the information on the Mare to be bred (one Mare per contract):

Registered Name: _____

Date of birth: _____

Studbook/Registry: _____

Registration number: _____

Registered Owner: _____

A copy of the mare's registration papers is due with this contract. We would appreciate a picture of the mare.



For the Mare named: _____

BREEDING SOUNDNESS

State if Maiden Mare, Last Date Mare Foaled, or Date Due to Foal: _____

Tentative Breeding Date _____

Current Uterine Culture Results _____

Date tested: _____

Current Uterine Cytology Results _____

Date tested: _____

Optional Uterine Biopsy Results, if done (most recent date; please attach copy of pathology report):

Any prior retained placenta? _____

Any prior Caslick's? _____

Any prior abortion? _____

Any prior early fetal loss? _____

Any past uterine infections? _____

Foaling damage or difficulty? _____

Does the mare cycle regularly? _____

Does the mare show heat well? _____

Any prior or current lameness problems? _____

Last three years bred were _____, _____, _____

Last three years foaled were _____, _____, _____



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For the Mare named:

I, the undersigned, do hereby certify that I am a **currently licensed veterinarian** in the State in which this mare resides, and that I have examined this mare's physical and reproductive condition, including a uterine culture and cytology, and find her to be in good health, free from evidence of uterine infection, and in acceptable breeding condition.

Veterinarian's Signature: _____

Name (print): _____

Veterinarian's Phone #: _____

Date signed: _____