

MARE INFORMATION

Registered Name: _____ : Nick Name: _____

Registration #: _____ Date of Birth: _____

Sire: _____ Dame: _____

Dam's Sire: _____

Current Reproductive Status (Maiden, In Foal, Open Barren) _____

Date of Uterine Culture (unless currently pregnant or never bred) _____

Mare notes: (MUST provide if she has any reproductive issues we should know about)

OWNER INFORMATION

Name: _____ Farm Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone #: Cell: _____ Home: _____

Work: _____

Email: _____

SHIPPING INFORMATION

Name of person shipping to: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone # Cell: _____ Home: _____

Work: _____

Email: _____

**ADDRESS OF FEDEX STATION FOR SATURDAY DELIVERY OR HOLD FOR PICK UP
(PROVIDE ONLY IF NECESSARY)**

Address: _____

City: _____ State: ____ Zip: _____

Airport (For Same Day shipments, if needed) _____

VETERINARIAN INFORMATION

Name: _____ Clinic Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone # Cell: _____ Work: _____

Home: _____

Fax: _____ Email: _____

BEST WAY TO CONTACT? _____

**IMPORTANT - PLEASE VERIFY IF FEDEX WILL DELIVER TO YOUR SHIPPING ADDRESS
ON SATURDAYS. IF NOT, PROVIDE US AN ALTERNATIVE ADDRESS FOR SATURDAY
DELIVERY OR A FEDEX STATION WHERE YOU CAN PICK UP THE SHIPMENT.**