



Reiny Day Quarter Horses
30224 SE Issaquah-Fall City Rd
Fall City, WA 98024
(206)920-8239

INFORMATION SHEET FOR OUTSIDE MARE

Owner's Name: _____ Phone No. _____

Address: _____

Mare Information:

1. Reg. Name: _____ Reg. No. _____

Color: _____ Age _____

2. Innoculations:

Tetanus Yes ___ No ___ Date: _____

Flu-Vac Yes ___ No ___ Date: _____

West Nile Yes ___ No ___ Date: _____

Rhinopneumonitis Yes ___ No ___ Date: _____

Strangles Yes ___ No ___ Date: _____

3. Allergic sensitivities: _____

4. Most recent deworming date: _____ Dewormer used: _____

5. Usual feeding procedure (amount, grain type, protein, content, type of hay, and number of daily feedings):

6. Previous breeding and foaling history:

Date of last foaling: _____

Has this mare ever been treated for genital infection? Yes ___ No ___

Does she show obvious, visible signs of heat? Yes ___ No ___

Must she be rectally examined to detect her heat cycle? Yes ___ No ___

Does she foal every other year although bred yearly? Yes ___ No ___

Has she ever slipped a diagnosed pregnancy? Yes ___ No ___

Has she ever received progesterone for pregnancy maintenance? Yes ___ No ___

Has she ever aborted? Yes ___ No ___

Does she have a history of retaining afterbirth? Yes ___ No ___

7. Please give the name and phone number of a veterinarian that knows this mare:

Please note:

Please remove hind shoes before shipping.