Physical address: 189 Johnny Cake Hollow Rd. Pine Plains, NY 12567 Mailing address: PO Box 656, Pine Plains, NY 12567



Tel: 518-398-5666 Fax: 518-398-5143 mail@dutchessviewsfarm.com

2017 BREEDING SHED FORM

This form must be completed and signed by a representative of the boarding farm

This form must accompany mare each time she is to be bred

STALLION:			Date of breeding:		
MARE:	AGE:	COLOR:	Time of breeding:		
Status: () Maiden () Barre	n () Foaling	Covering Sire	in 2016:	LCD:	
Boarding Farm:			Telephone:		
Veterinarian			Telephone:		
Do you give permission to tranque Any characteristics we should be					
PLEASE CHECK THE	APPROPRIATE CATEGOR	RY FOR MARE AND ATTA	ACH NECESSARY PAPERS TO T	THIS FORM	
1. MAIDEN and BAR 1 st Trip: Shed Forr 2 nd Trip: Shed For 3 rd Trip and all sub **HIND SHOES RE **ALL MAIDENS N	n, Negative Uteri m osequent trips: Si MOVED**	ine Culture (with	tive Uterine Culture		
2. FOALING MARES : 1 st Trip: Shed Forr 2 nd Trip and all su	n	hed Form, Nega	tive Uterine Culture	2	
	DOUBLE: Any mare returning for a second cover in the same heat cycle must be examined by your veterinarian on the day she is bred.				
4. IMPORTED MARE Imported mares n		e rules in additic	on to having a Quara	antine Release.	
ALL MARES MUST HAV	'E PROPER IDEN'	TIFICATION (NE	CK STRAP OR HALTE	ER WITH NAME)	
Farm:		Te	elephone#:		
Farm Manager:			Cell#		