

884 Iron Works Pike Lexington, KY 40511 Telephone: 859-294-0030 Fax: 859-294-0050

## **BREEDING SHED FORM - 2025**

BOOKING HOURS: 7:30am – 4:30pm Monday-Friday 🔶 7:30am – 1:00 PM Saturday and Sunday

THIS BREEDING SHED FORM MUST BE EMAILED TO booking@spendthriftfarm.com BEFORE THE MARE ARRIVES AT THE SHED

| DATE:   |   | BREEDING S  | ESSION (A.M. or P.M.):                                 |  | . <u></u>                                      |
|---|---|---|--|--|--|
| STALLION:   |   |   |  |  |  |
| MARE:   |   | A0  | GE/COLOR:  |  |  |
| • ALL MARE  |   | PROPER IDENTIFICAT                                      | TION (HALTER NAMEPLA                                   | ) IMPORTED FOR 2025 SEA<br>TE OR NECK STRAP WIT            |  |
| <ul><li>All cultures r</li><li>Hind shoes n</li></ul> | eed to be removed before  | but less than 30 days old.<br>coming to the shed or man | Cultures must be taken from<br>re will be sent home.   | -  |  |
| All Mares v<br>Rhinomune<br>Date of Vac               | / Pneumabort-K) cination  | d must be vaccinated fo                                 | or Equine Herpes Virus T                               | ype 1 between 7-90 days of                                 | f being covered (i.e.                          |
| Please <u>CIRCLE</u><br>WITHOUT TH                    | the appropriate requir<br><u>ESE DOCUMENTS</u> . (F                                 | ements for this trip and<br>'oal Heat mares and Do      | l attach the required docu<br>ubles may be bumped at s | ments. <u>THE MARE WIL</u><br>short notice – no foal heats | L NOT BE BRED<br>s until May 1 <sup>st</sup> ) |
|   | 1ST TRIP  | 2ND TRIP  | 3RD TRIP   | 4TH TRIP & ETC.  | DOUBLE   |
| DOMESTIC<br>MAIDEN:                                   | Shed Form<br>Uterine Culture<br>Jumped  | Shed Form   | Shed Form<br>Uterine Culture                           | Shed Form<br>Uterine Culture                               | Shed Form                                      |
| DOMESTIC<br>BARREN:                                   | Shed Form<br>Uterine Culture  | Shed Form   | Shed Form<br>Uterine Culture                           | Shed Form<br>Uterine Culture                               | Shed Form                                      |
| DOMESTIC<br>FOALING:                                  | Shed Form<br>Foaling Date:  |   | Shed Form<br>Uterine Culture                           | Shed Form<br>Uterine Culture                               | Shed Form                                      |
| IMPORTED<br>MAIDEN:                                   | Shed Form<br>Uterine Culture<br>*2 CEM Cultures<br>*1 set to include an F<br>Jumped | Shed Form   | Shed Form<br>Uterine Culture                           | Shed Form<br>Uterine Culture                               | Shed Form                                      |
| IMPORTED<br>BARREN:                                   | Shed Form<br>Uterine Culture<br>Quarantine Release<br>Endometrium CEM (             | Shed Form<br>Culture                                    | Shed Form<br>Uterine Culture                           | Shed Form<br>Uterine Culture                               | Shed Form                                      |
| IMPORTED<br>FOALING:                                  | Shed Form<br>Quarantine Release<br>Endometrium CEM                                  | Shed Form<br>Uterine Culture<br>Culture                 | Shed Form<br>Uterine Culture                           | Shed Form<br>Uterine Culture                               | Shed Form                                      |
|   |   |   | ARE IF NECESSARY? C                                    |  | NO   |
| ** Please tell u<br>difficult to hand                 | <b>is if this mare has any</b><br>dle, sight impairments,                           | <pre>v characteristics or co<br/>etc.):</pre>           |  | ing shed needs to be awa                                   |  |

Farm: \_\_\_\_\_ Farm Manager or Person Completing this Form: \_\_\_\_\_

Farm Office Telephone: \_\_\_\_\_ Cell Phone or Pager: \_\_\_\_\_

Name of Farm Veterinarian: \_\_\_\_\_\_\_Veterinarian's Phone: \_\_\_\_\_\_