



BALLENA VISTA FARM
MARE INFORMATION SHEET
AND EMERGENCY CARE INSTRUCTIONS

MARE INFORMATION SHEET

STALLION TO BE BRED TO: _____ MARE NAME: _____
REGISTRATION NO. _____ TATOO NO. _____ COLOR: _____
DOB: _____ SIRE: _____ DAM: _____

REGISTERED OWNER OF MARE: _____
PERSONAL RESPONSIBLE FOR BILLS: _____
BILLING ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
FAX: _____ OTHER PHONE No: _____

BREEDING HISTORY OF MARE:

IS THIS A MAIDEN MARE (Y/N): _____ IS MARE CURRENTLY IN FOAL (Y/N): _____
NAME OF STALLION IN FOAL TO: _____ LAST BREEDING DATE: _____
ANY PROBLEMS WHEN MARE LAST PRODUCED A FOAL: _____

IF MARE HAS A FOAL BY HER SIDE

FOALING DATE: _____ SEX/COLOR OF FOAL: _____ SIRE OF FOAL: _____

OTHER INFORMATION

DOES MARE NEED REGUMATE WHEN CHECKED IN FOAL (Y/N): _____
DOES MARE/FOAL REQUIRE SPECIAL MEDICAL/ SHOEING CARE (Y/N): _____
LAST WORMING DATE: _____ LAST DATE TEETH FLOATED: _____
LAST VACCINATIONS GIVEN TO MARE AND DATE _____

LAST VACCINATIONS GIVEN TO FOAL AND DATE: _____

INSURANCE

IS MARE INSURED (Y/N): _____ IS FOAL INSURED (Y/N): _____
INSURANCE COMPANY: _____ NAME OF INSURANCE AGENT: _____
ADDRESS: _____

TELEPHONE NUMBER: _____

EMERGENCY CARE INSTRUCTIONS

We will make every attempt to contact you should your horse experience a severe case of colic or serious injury or illness while boarded at Ballena Vista Farm (BVF). However, in the event that such an emergency arises which is not able to be handled by our veterinarians at the ranch and we are unable to reach you, it is important that we know in advance your instructions as to the desired treatment of your horse.

Accordingly, please assist us in this regard by completing the simple form below. Check either Option 1 or 2; if you check Option 2, you must also indicate a monetary limit for treatment.

Option 1

_____. I request that the BVF veterinarian do whatever is necessary, **regardless of the amount of cost involved**, to attempt to save my horse, including shipping the horse to an equine medical clinic for evaluation and/or surgery.

Option 2

_____. I request that the cost of treatment be limited to \$ _____ if in the opinion of the BVF veterinarian such treatment will exceed the above limit, I authorize BVF to have the horse euthanized.

if your horse is insured, you may want to review the policy or discuss this matter with your insurance agent to determine your responsibilities in emergency medical circumstances.

Again, be assured that we will do our best to contact you if your horse has a medical emergency. If we cannot reach you, we will strive to keep the cost of treatment within the limitation, if any, indicated above. However, BVF cannot guarantee that any such limitation will be exceeded. This form is for informational purposes only and is overridden by the Breeding Contract or other written agreement which sets forth the rights and obligations of all parties in connection with the boarding and care of your horse.

Signature of Owner _____

Horse Name _____

Date _____