

Booking Hours:
8:00 am – 5 pm Weekdays
8:00 am – 1 pm Sat/Sun



Adena Springs
PO Box 718
Paris, KY 40362

Tel: (859) 987-1798 Fax: (859) 987-1684

- 2014 BREEDING SHED FORM -

BREEDING TIMES: 8:00 A.M. & 2:30 P.M.

THIS FORM AND REQUIREMENTS LISTED BELOW MUST ACCOMPANY MARE TO THE SHED WITH APPROPRIATE HALTER IDENTIFICATION TO BE BRED.

STALLION _____ **MARE** _____

MARE'S STATUS _____ **FOALING DATE** _____ **AGE/COLOR** _____

MARE OWNER _____

	<u>1ST TRIP</u>	<u>2ND TRIP</u>	<u>3RD TRIP</u>	<u>4TH TRIP, ETC.</u>
Domestic Maiden	Shed Form Uterine Culture Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture

Domestic Barren	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture
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Domestic Foaling	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture
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Imported Maiden **Breed last in session	Shed Form Uterine Culture 2 CEM Cultures *1 set to include Endometrium Swab Quarantine Release (if applicable)	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture
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Imported Barren **Breed last in session	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture
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Imported Foaling **Breed last in session	Shed Form Quarantine Release Endometrium CEM Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture
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***Note* All uterine cultures must be within 30 days of date being bred.**

Please advise if said mare has resided on your premises within the last 2 weeks of cover date. Yes ___ No ___

Each mare must have been vaccinated for EHV1 within 7-90 days before breeding. Vaccinated: Yes ___ No ___
Type of vaccine: _____ Date of vaccination: _____

NAME: _____ TELEPHONE #: _____

BOARDING FARM: _____ DATE: _____

Should it become necessary, in the opinion of our breeding shed management staff, to tranquilize the mare presented at the breeding shed in order to successfully breed her, please indicate your authorization by your signature below:

Signature: _____ Print Name: _____