
Known allergies and/or other problems? _____

Name of stallion to be bred to: _____

Foal at side? _____

Date last foaled _____

Is foal insured _____

Has foal been wormed and vaccinated? _____

If due to foal, date of last breeding _____

Comments to assist in care of mare _____

Equipment description: Halter _____

Blanket _____ Sheet _____

Other _____

Date of Arrival _____

I hereby certify that the above information is accurate and that Rhodes River Ranch, Jean Rhodes, their agents, employees and independent contractors may rely thereon.

Signature of Owner or Authorized Agent

Date

Print Name