

JUDDMONTE FARMS

3082 Walnut Hill Road, Lexington, KY 40515
 Booking Line 859-272-7620 Office 859-272-7629 Fax 859-272-5361

2012 BREEDING SEASON STALLION BOOKING OFFICE HOURS:
 7:30 A.M. TO 4:30 P.M. Monday through Friday ♦ 8:00 A.M. to 12:00 P.M. Saturday and Sunday
 Breeding Sessions: 9:00 A.M., 2:30 P.M. and 7:00 P.M. Daily

THIS BREEDING SHED FORM MUST ACCOMPANY THE MARE EACH TIME SHE IS PRESENTED FOR BREEDING

DATE: _____ BREEDING SESSION (A.M. or P.M.): _____

STALLION: _____

MARE: _____ Mare's Sire: _____ Mare's Dam: _____ Age/Color _____

Mare **must** have proper identification (halter nameplate or neckstrap) in order to be bred.
 PLEASE **CIRCLE** THE APPROPRIATE REQUIREMENTS FOR EACH TRIP THAT NEED TO ACCOMPANY THE MARE AND ATTACH
 THE NECESSARY PAPERWORK. **PLEASE NOTE THAT THE MARE WILL NOT BE BRED WITHOUT THESE DOCUMENTS.**

ALL mares must be vaccinated for EHV 1 between 7 and 90 days of being covered by a Juddmonte stallion.
 Date of vaccination: _____
 Type of vaccination (Rhinommune, Pneumabort K, etc.): _____
 Administered by: _____
If this info is not provided the mare will not be covered. There will be NO EXCEPTIONS.

	1 ST TRIP	2 ND TRIP	3 RD TRIP	4 TH TRIP & ETC.	DOUBLE
DOMESTIC MAIDEN:	Shed Form Uterine Culture Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC BARREN:	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC FOALING:	Shed Form	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED MAIDEN:	Shed Form Uterine Culture *2 CEM Cultures *1 set to include an Endometrium Swab Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED BARREN:	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED FOALING:	Shed Form Quarantine Release Endometrium CEM Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form

DO WE HAVE PERMISSION TO TRANQUILIZE THIS MARE IF NECESSARY?

PLEASE CHECK ONE: YES _____ NO _____

**** Please tell us if this mare has any characteristics or conditions that our breeding shed needs to be aware of (for example, difficult to handle, sight impairments, etc.):** _____

Farm: _____ Farm Manager or Person Completing this Form: _____

Farm Office Telephone: _____ Mobile Phone: _____

Name of Farm Veterinarian: _____ Veterinarian's Phone: _____