



IN FOAL, INC.
Dedicated to Equine Reproduction

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2015 MARE & OWNER INFORMATION SHEET
 (TO BE FILLED OUT FOR EACH MARE)

*MARE OWNER/AGENT:			*HOME PHONE:
*ADDRESS:			WORK PHONE:
*CITY:	* STATE:	*ZIP:	*CELL PHONE:
E-MAIL ADDRESS:			FAX PHONE:

BREEDING MANAGER/VETERINARIAN:			DAYTIME PHONE:
PHYSICAL SEMEN SHIPPING ADDRESS:			EVENING PHONE:
			CELL PHONE/PAGER:
CITY:	STATE:	ZIP:	E-MAIL ADDRESS:

*MARE:			
*BREED:	AGE:	COLOR:	REG #:
DATE OF VACCINES AND WHAT WAS GIVEN:			
*BOOKED TO:	Stallion Contact Person:		Phone #:
*EVA STATUS:			
PREFERRED METHOD OF INSEMINATION: (circle one) Natural Service, AI , Cooled Shipped, Frozen			
Expected Arrival Date:	Expected Foaling Date:	Expected Earliest Breeding Date:	
Expected Earliest Semen Shipping Date:			

STATUS	LAST BREEDING DATE	FOALING DATE	YEARS BARREN	NO. OF FOALS	LAST UTERINE CULT Date	CULTURE RESULTS	UTERINE BIOPSY? Date/Grade
<input type="checkbox"/> Maiden <input type="checkbox"/> Barren <input type="checkbox"/> In Foal <input type="checkbox"/> Nursing							

*** Required information**