



### 2012 Mare Information Form

Name of Stallion \_\_\_\_\_ Share \_\_\_\_\_

Owner's name \_\_\_\_\_  
(Please indicate the name of owner to be remitted to The Jockey Club)

Name of Mare \_\_\_\_\_ Birth Year \_\_\_\_\_ Color \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_ Dam's Sire \_\_\_\_\_

Mare's Current Status: Foal Afoot \_\_\_\_\_ Barren \_\_\_\_\_ Aborted \_\_\_\_\_ Maiden \_\_\_\_\_ Not Bred \_\_\_\_\_

Mare's 2011 Produce (if applicable): Foaling date \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

Stallion Bred to in 2011: \_\_\_\_\_ Last Date Covered in 2011 \_\_\_\_\_

**Import Status:** Is this mare an IMPORT for the 2012 Breeding Season? YES \_\_\_\_\_ NO \_\_\_\_\_

Mare's 2011 Boarding Farm: \_\_\_\_\_ Phone \_\_\_\_\_

Farm Manager/Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Mare's recent produce history:

Year Foaled	Sire of Foal	Date Foaled	Color and Sex of Foal
2011	_____	_____	_____
2010	_____	_____	_____

Please note: If you purchased a season to this stallion through a Shareholder or Agent, please list the number of the Share's season purchased and/or the Agent's name.

Share's # \_\_\_\_\_ Agent Name \_\_\_\_\_

Mare owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Vaccinations and Vet Records attached? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, explain: \_\_\_\_\_

This form **MUST** be on file prior to the mare being booked. **Penn Ridge Farms will not breed any mare without this completed sheet.** Thank you for your assistance.



## Shipping Form

Name of Mare Owner: \_\_\_\_\_

Mare Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Color: \_\_\_\_\_

Current Status: \_\_\_\_\_ Stallion Bred To: \_\_\_\_\_

Dates Covered: \_\_\_\_\_

Ultrasound Dates: \_\_\_\_\_

Approximate Due Date: \_\_\_\_\_

Foaling Date \_\_\_\_\_ Sex \_\_\_\_\_ Aborted \_\_\_\_\_ Not Bred \_\_\_\_\_ Plasma \_\_\_\_\_

Coggins Date: \_\_\_\_\_ Cultured/Bio: \_\_\_\_\_ Results: \_\_\_\_\_

Date of Vaccinations:

Influenza (Rhino) \_\_\_\_\_

Tetanus EEE/WEE \_\_\_\_\_

West Nile \_\_\_\_\_

Strangles \_\_\_\_\_

Rabies \_\_\_\_\_

Potomac \_\_\_\_\_

Worming \_\_\_\_\_

Rotos 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Contact Person: Tom Reigle

Phone: 717-497-0056

Veterinarian: Dr. Jeff Edelson

Phone: 717-665-7626

Medication: \_\_\_\_\_

Feed/Hay/Supplements: \_\_\_\_\_

Farrier: \_\_\_\_\_

Dentist: \_\_\_\_\_

COMMENTS: \_\_\_\_\_