

# Mare Information Sheet

**Owner Information** (as reported to the Jockey Club):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Farm Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Mare Information:**

Mare's Name \_\_\_\_\_ Year Foaled \_\_\_\_\_ Color \_\_\_\_\_

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

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

**Produce History:**

Mare's 2020 Status: Maiden \_\_\_\_\_ Barren \_\_\_\_\_ Not Bred \_\_\_\_\_ or Foaling \_\_\_\_\_  
If mare has foaled, please indicate color \_\_\_\_\_, sex \_\_\_\_\_, & date \_\_\_\_\_ 2020

Covering Stallion 2019 \_\_\_\_\_ Last Date Bred in 2019 \_\_\_\_\_

Year Foaled	Sex (Circle One)	Date Foaled	Sire of Foal
2019	C F	_____	_____
2018	C F	_____	_____
2017	C F	_____	_____

Is Mare insured? Yes \_\_\_\_\_ or No \_\_\_\_\_ Name of Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Phone Number of carrier \_\_\_\_\_

Mortality: yes \_\_\_\_\_ no \_\_\_\_\_ Medical: yes \_\_\_\_\_ no \_\_\_\_\_

Surgical candidate: yes \_\_\_\_\_ no \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Emergency Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

2020 Breeding Season Boarding Farm: \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If possible, attach pictures of mare or mare/foal  
(for office use only)

**\*\* Please note: All mares presented for breeding must be vaccinated 7-90 days before breeding for the Equine Herpes Virus type-1. A veterinarian statement to this effect must accompany the mare to the breeding shed.\*\***