

3225 Old Frankfort Pike
Lexington, KY 40510



Phone: (859) 254-0424
Fax: (859) 281-6612
Email: info@darbydan.com

DARBY DAN FARM

2020 Breeding Season

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

DATE: _____ BREEDING SESSION (Circle One): 8:00AM 9:00AM 1:00PM 2:00PM 4:00PM OTHER: _____

STALLION: _____ MARE: _____ AGE/COLOR: _____

PLEASE CHECK BEGINNING STATUS: () FOALING () BARREN () MAIDEN () IMPORTED FOR 2017 SEASON

- Mare **must** have proper identification (halter nameplate or neckstrap) in order to be bred
- Cultures must be taken within 30 days

PLEASE CIRCLE THE APPROPRIATE REQUIREMENTS THAT NEED TO ACCOMPANY THE MARE AND ATTACH THE NECESSARY PAPERWORK. PLEASE NOTE THAT THE MARE WILL NOT BE BRED WITHOUT THESE DOCUMENTS.

	1st TRIP	2nd TRIP	3rd TRIP	4th TRIP, ETC.	DOUBLE
DOMESTIC MAIDEN	Shed Form Uterine Culture Jumped	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC BARREN	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC FOALING	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED MAIDEN	Shed Form Uterine Culture 2 CEM Cultures (1 set to include Endometrium Swab) Jumped	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED BARREN	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED FOALING	Shed Form Quarantine Release Endometrium CEM Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form

FOR THE SAFETY OF THE STALLION, MARE AND PERSONNEL, WE MAY TRANQUILIZE YOUR MARE AT OUR DISCRETION. ALL MAIDEN MARES & TALE OF EKATI MARES WILL BE TRANQUILIZED.

Darby Dan will REQUIRE all Mares coming to the breeding shed to be vaccinated for Equine Herpes Virus Type-1 (i.e. Rhinomune, Pneumabort-K, etc.) between 7-90 days of being covered by a Darby Dan stallion.

Date of Vaccination: _____ Type of Vaccination: _____

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

Farm: _____ Farm Mgr/Person Completing this Form: _____

Farm Office Phone: _____ Cell Phone: _____

Farm Veterinarian: _____ Veterinarian's Phone: _____