Booking Hours: M-F: 8am-4pm Sat-Sun: 8am-12pm



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

3225 Old Frankfort Pike Lexington, KY 40510

2024 Breeding Season

<u>1</u>	<u>THIS FORM MUST ACCOMPANY THE M</u>	ARE EACH TIME S	HE IS PRESENTEL	FOR BREEDING	
DATE:	BREEDING SESSION TI	ME:	AGE/COL	OR:	
STALLION:		MARE:			
PLEASE CHEC	K BEGINNING STATUS: () FOALING	G ()BARREN () MAIDEN () IM	PORTED FOR 202	4 SEASON
	must have proper identification (halte es must be taken within 30 days **Doubles and f	·		to be bred	
	NO FOALS MAY ACC <u>E</u> THE APPROPRIATE REQUIREMEN APERWORK. PLEASE NOTE THAT T	OMPANY MAR	ES TO THE SH O ACCOMPANY 1	THE MARE AND A	
	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
	TEY OF THE STALLION, MARE AN				ARE AT
	REQUIRE all Mares coming to the bi e, Pneumabort-K, etc.) between 7-90				s Type-1
Date of Vaccina	ation:	Type of Vaccina	ation:		
	this mare has any characteristic or cult to handle, sight impairments, etc.):				
Farm:	Farm	Mgr/Person Com	pleting this Form:	-	

Farm Office Phone: Cell Phone: Veterinarian: Veterinarian's Phone: