

89 Long Road, Lenhartsville, PA 19534
Telephone: (610) 756-6235 Fax: (610) 756-3040 Email: info@danapointfarm.com

2009 DANA POINT FARM BREEDING SHED FORM

STALLION:					
MARE:			AGE:	COLOR: _	
BOARDING FA	PHONE:				
VETERINARIAN	CELL:				
	aiden □Imported for 2009 Breeding Season				
Foaling mares: Date foaled: Color: Sex:					
Comments: Ple	ease list any information, con	dition, or dispositi	on of this mai	re that you feel	is important for the
breeding shed	to know:				
	<u>st</u> have shed form & paper id her name). Mares will not be				(halter or
Please circle the appropriate category and attach the necessary documents to this shed form:					
	1 st Trip	2 nd Trip	•		4 th Trip
Maiden	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture		Shed Form Uterine Culture
	Jumped		oternie cu	iture	Oterme Culture
Barren	Shed Form	Shed Form	Shed Form		Shed Form
Uterine Culture		Uterine Cult			Uterine Culture
Foaling	Shed Form	Shed Form	Shed Form		Shed Form
			Uterine Cu	lture	Uterine Culture
❖ Emergency (Phone:				
❖ Do we have	8 NO				
❖ Signature	Cell:	Cell:			
Authorized Age	Date:				
			!!	, , , , ,	

Under Pennsylvania Law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risk of injury due to participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

All mares being bred must be vaccinated within 7 to 90 days prior to breeding for Equine Herpes Virus Type 1 (i.e. Rhinomune). A statement to this effect needs to accompany the mare to the shed – may be included on culture sheet.

CURRENT NEGATIVE COGGINS (with six (6) months of breeding date) and a current HEALTH CERTIFICATE (within 72 hours of breeding time) MUST ACCOMPANY MARE AT TIME OF ARRIVAL.