

MILLENNIUM FARMS KENTUCKY

5275 Paris Pike, Lexington, KY 40511

Phone: 859-294-5439 Fax: 859-294-5555

OFFICE HOURS

7:00 AM to 4:30 PM Monday – Friday ** 8:00 AM to 12:00 PM Saturday and Sunday

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

DATE: _____ BREEDING SESSION (AM or PM): _____

STALLION: _____

MARE: _____ AGE/COLOR: _____

Mare must have proper identification (halter nameplate or neckstrap) in order to be bred

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

	1 st Trip	2 nd Trip	3 rd Trip	4 th Trip	Double
DOMESTIC MAIDEN	Shed Form Uterine Culture Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC BARREN	Shed Form Uterine Culture	Shed Form	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 Pre-Breeding CF 2 CEM Cultures Jumped	Shed Form Proof of CF Drawn	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED BARREN	Shed Form Uterine Culture Quarantine Release	Shed Form Proof of CF Drawn	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED FOALING	Shed Form Quarantine Release	Shed Form Uterine Culture Proof of CF Drawn	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form

Millennium Farms requires that 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 Millennium Farms Stallion

Date of Vaccination: _____

Type of Vaccination: _____

Administered By: _____

DO WE HAVE PERMISSION TO TRANQUILIZE THIS MARE IF NECESSARY?

PLEASE CHECK ONE: YES _____ NO _____

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

Farm: _____ Farm Manager of Person completing this form: _____

Farm Office Telephone: _____ Mobile Phone/Pager: _____

Name of Farm Veterinarian: _____ Veterinarian's Phone: _____