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**BREEDING SESSIONS: 7:30 AM AND 2:00 PM DAILY**

Booking Hours: 7:00 am – 4:00 pm Monday thru Friday - 7:00 am to 2:00 pm Saturday and Sunday

**\*\*THIS BREEDING SHED FORM MUST BE EMAILED/FAXED PRIOR TO MARE BEING BRED\*\***

DATE: \_\_\_\_\_ BREEDING SESSION: AM \_\_\_\_\_ PM \_\_\_\_\_ OTHER: \_\_\_\_\_

STALLION: \_\_\_\_\_ MARE: \_\_\_\_\_ AGE/COLOR \_\_\_\_\_

PLEASE CHECK BEGINNING STATUS:  FOALING  BARREN  MAIDEN  IMPORT FOR CURRENT BREEDING SEASON

- Mares must have proper identification (halter name plate or neck strap) in order to be bred
- Cultures must be taken within 30 days
- **Breeding Soundness Exams required for all mares breeding to PAPPACAP and FULSOME**

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 <sup>ST</sup> TRIP	2 <sup>ND</sup> TRIP	3 <sup>RD</sup> TRIP	4 <sup>TH</sup> TRIP	DOUBLE
DOMESTIC MAIDEN: *remove hind shoes*	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: *remove hind shoes* Will be bred last in session	Shed Form Uterine Culture *2 CEM Cultures *1 set to include and Endometrium Swab Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED BARREN: Will be bred last in session	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED FOALING: Will be bred last in session	Shed Form Quarantine Release Endometrium CEM Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture

Walmac 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.

Date of Vaccination: \_\_\_\_\_

Type of Vaccination: \_\_\_\_\_

Administered by: \_\_\_\_\_

DO WE HAVE PERMISSION FOR OUR ATTENDING VETERINARIAN 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 or Person Completing this form: \_\_\_\_\_

Farm Phone Number: \_\_\_\_\_ Contact Mobile Phone Number: \_\_\_\_\_

Farm Veterinarian: \_\_\_\_\_ Veterinarian Phone Number: \_\_\_\_\_