

# AL JAKBAR

## Mare Information

Mare \_\_\_\_\_ Season **2020**

Sire \_\_\_\_\_ Dam \_\_\_\_\_ Colour \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Passport No \_\_\_\_\_ Microchip No \_\_\_\_\_

**HBLB Mare Certificate & Breeding Record**

2019 Covered By: \_\_\_\_\_ Last Service: \_\_\_\_\_ Final Status: \_\_\_\_\_

2018 Covered By: \_\_\_\_\_ Result: \_\_\_\_\_ Notes: \_\_\_\_\_

2017 Covered By: \_\_\_\_\_ Result: \_\_\_\_\_ Notes: \_\_\_\_\_

**Name Of Registered Owner (N.B. This name and address will be used for ALL Registration & Invoice Purposes)**

Address \_\_\_\_\_ VAT No. \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Address where mare normally kept \_\_\_\_\_

Telephone \_\_\_\_\_

Mare will **WALK IN** from: \_\_\_\_\_

Telephone \_\_\_\_\_

**Has this mare had or been in contact with any infectious diseases?** \_\_\_\_\_ YES / NO

**Details**

**Has this mare ever produced?** \_\_\_\_\_ Twins \_\_\_\_\_ YES / NO

If answered "Yes" to any of these please give full details \_\_\_\_\_ Barker/Dummy Foal \_\_\_\_\_ YES / NO

\_\_\_\_\_ Slipped/Aborted \_\_\_\_\_ YES / NO

\_\_\_\_\_ Haemolytic foal \_\_\_\_\_ YES / NO

\_\_\_\_\_ Stillborn foal \_\_\_\_\_ YES / NO

**Has this mare shown readily to the teaser?** \_\_\_\_\_ YES / NO

**Has the mare been stitched?** \_\_\_\_\_ YES / NO

**Has the mare been vaccinated against Equine Influenza & Tetanus?** \_\_\_\_\_ YES / NO

**Has the mare been vaccinated against Virus Abortion (EHV-1)?** \_\_\_\_\_ YES / NO

**Is the mare/foal insured?** \_\_\_\_\_ YES / NO

If yes please provide details \_\_\_\_\_

**Dates of EHV-1 Vaccinations**

Please Turn Over and complete the second side of this form

