

(859) 879-2625 or (859) 873-9600  
 8:00 AM – 5:00 PM Weekdays  
 8:00 AM – 12 PM Sat & Sun  
 Emergency or after hours 859-983-9213

Hopewell Farm  
 P. O. Box 4408  
 Midway KY 40347

**2009 BREEDING SHED FORM**

**BREEDING TIMES 9:00 AM & 2:00 PM**

**THIS FORM AND REQUIREMENTS LISTED BELOW MUST ACCOMPANY MARE TO THE SHED WITH APPROPRIATE HALTER IDENTIFICATION TO BE BRED.**

**STALLION** \_\_\_\_\_ **MARE** \_\_\_\_\_

**MARE'S STATUS** \_\_\_\_\_ **AGE/COLOR** \_\_\_\_\_

**MARE OWNER** \_\_\_\_\_

	<u>1<sup>ST</sup> TRIP</u>	<u>2<sup>ND</sup> TRIP</u>	<u>3<sup>RD</sup> TRIP</u>	<u>4<sup>TH</sup> TRIP, ETC</u>
<b>Domestic Maiden</b>	Shed Form Uterine Culture Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture

<b>Domestic Barren</b>	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture
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<b>Domestic Foaling</b>	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture
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<b>Imported Maiden</b> **Will be bred last in session	Shed Form Uterine Culture 2 CEM Cultures *1 set to include Endometrium Swab Quarantine Release (if applicable)	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture
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<b>Imported Barren</b> ** 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
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<b>Imported Foaling</b> **Will be bred last in session	Shed Form Quarantine Release Endometrium CEM culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture
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**\*NOTE\* All uterine cultures must be within 30 days of date being bred.**

**This mare has been vaccinated for EHV1 within 7-90 days prior to breeding.**  
 Vaccinated with \_\_\_\_\_ on \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Boarding Farm:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Should it become necessary, in the opinion of our breeding shed staff, to tranquilize the mare presented at the breeding shed in order to successfully breed her, please indicate your authorization by your signature below:**

\_\_\_\_\_  
**Signature** **Print Name:** \_\_\_\_\_