



# Harris Farms

## Mare Information Sheet

**PLEASE RETURN WITH CONTRACT**

Please attach a copy of the Jockey Club registration papers.

Owner's Name \_\_\_\_\_ Telephone (work) \_\_\_\_\_  
Address \_\_\_\_\_ (Home) \_\_\_\_\_

E-mail address: \_\_\_\_\_ (Cell) \_\_\_\_\_  
Social Security # \_\_\_\_\_

Mare's Name \_\_\_\_\_ Color \_\_\_\_\_ DOB \_\_\_\_\_  
Sire \_\_\_\_\_ Dam \_\_\_\_\_

Dam's Sire \_\_\_\_\_

Mare's Status Barren  In Foal  Slipped  Maiden

Stallion Bred to in 2009 \_\_\_\_\_ Last Breeding Date \_\_\_\_\_

Farm and State Stallion Stands \_\_\_\_\_ Date Foaled 2009 \_\_\_\_\_

Farm mare boarded in 2009 \_\_\_\_\_ Foal Color \_\_\_\_\_ Sex \_\_\_\_\_

**STALLION TO BE BRED TO IN 2010** \_\_\_\_\_

### Mare Production History (last two years)

Foal DOB	Color & Sex	Sire of foal
1.		
2.		

### Mare Health History

**\*PLEASE DESIGNATE DATES VACCINATIONS WERE GIVEN**

EEE/WEE \_\_\_\_\_ Influenza \_\_\_\_\_ Strep \_\_\_\_\_ Tetanus \_\_\_\_\_

Rabies \_\_\_\_\_ Rhino/Pneumabort \_\_\_\_\_ West Nile x 2 \_\_\_\_\_

Rota Virus \_\_\_\_\_ Dewormer and date \_\_\_\_\_

Past surgeries \_\_\_\_\_

**\*This section must be filled out in full. All horses must be current on vaccinations upon arrival. Horses that are not current or arrive with inadequate records will be vaccinated by HFI at the owner's expense.**

### Insurance

Is Mare Insured? \_\_\_\_\_ Contact # \_\_\_\_\_  
Insurance Agent \_\_\_\_\_

Signature Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Harris Farms Horse Division 27366 W. Oakland Avenue Coalinga, CA 93210