



# 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 2017 \_\_\_\_\_ Last Breeding Date \_\_\_\_\_  
Farm and State Stallion Stands \_\_\_\_\_ Date Foaled 2017 \_\_\_\_\_  
Farm mare boarded in 2017 \_\_\_\_\_ Foal Color \_\_\_\_\_ Sex \_\_\_\_\_

**STALLION TO BE BRED TO IN 2018**

**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: \_\_\_\_\_