

## BROODMARE ADMISSION THE EQUINE CLINIC AT OAKENCROFT

Date:	
Owner:	
Phone:	
Mare:	
Age:	
Color/Markings/Tag Number:	
Weight/Body Condition	
#of previous foals/last foaling date	
Stallion's Name:	
Semen Type:	Fresh                      Shipped                      Frozen
Stallion/Farm Contract:	
Collection Days:	
Notice Required to Request a Shipment	
Frozen Semen: Straw/Ball Color	
Frozen Semen: # straws/breeding dose	
Vaccines Needed	Rhino   Flu   Tet   E/W   Str   PHF   WNV   Rabies
Previous Breeding Problems	
Feeding Instructions	
Turnout Instructions	
Other Notes	