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 Farm website: www.PoplarCreekFarm.com

2018 BREEDING SHED FORM
BREEDING TIMES: CALL TO SCHEDULE

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

Domestic Barren	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture
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Domestic Foaling	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture
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Imported Maiden **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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Imported Barren * * Will be bred last in session	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture Quarantine Release (if applicable)	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture
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Imported Foaling * * Will be bred last in session	Shed Form Quarantine Release Endometrium CEM Culture Quarantine Release (if applicable)	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 EHVI within 7-90 days prior to breeding.
 Vaccinated with _____ on _____

Name: _____ **Phone #** _____ **Date:** _____

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:** _____