

Contact: Robin Murphy  
 Phone (513)284-3685 Fax (513)734-0050  
 Email: robin@poplarcreekhorsecenter.com  
 Stallion website: www.OhioStallions.com

Poplar Creek Horse Center llc  
 3400 Macedonia Rd.  
 Bethel, Ohio 45106  
 Farm website: www.PoplarCreekFarm.com

## 2019 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>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 Quarantine Release (if applicable)	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 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: \_\_\_\_\_