

Taylor Made Stallions, Inc. 2024 Breeding Shed Form

STALLION BOOKING OFFICE HOURS:

8:00 A.M. to 4:30 PM Monday through Friday / 8:00 AM to 1:00 PM Weekends & Holidays

Booking Co-ordinator: Wendy Upton

Phone: 859-885-3345 / TEXT 859-325-3921 / Booking Fax: 859-881-7006

www.taylormadestallions.com | tmsbreedingshed@gmail.com

NO BOOKING VIA EMAIL

Emergency phone numbers: 859-325-3921 / 859-885-3345 x248 / 859-421-0311 (Gilberto Terrazas)

DATE OF BREEDING: _____ BREEDING SESSION : _____

STALLION: _____ MARE: _____ AGE/COLOR: _____

PLEASE CIRCLE THE APPROPRIATE REQUIREMENTS THAT NEED TO ACCOMPANY THE MARE AND ATTACH THE NECESSARY PAPERWORK. PLEASE NOTE THAT THE **MARE WILL NOT BE BRED WITHOUT THESE DOCUMENTS**. MARES MUST HAVE PROPER IDENTIFICATION (HALTER NAMEPLATE OR NECKSTRAP) IN ORDER TO BE BRED.

Type of Mare	1 st Trip	2 nd Trip	3 rd Trip or more	Double
Domestic Maiden	Shed Form Jumped Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form
Domestic Barren	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form
Domestic Foaling	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
Imported Maiden	Shed Form Jumped * 2 CEM Cultures * 1 set to include an Endometrium Swab	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
Imported Barren	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture (if not included on the Quarantine Release)	Shed Form	Shed Form Uterine Culture	Shed Form
Imported Foaling	Shed Form Quarantine Release Endometrium CEM Culture (if not included on the Quarantine Release)	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form

All mares must be vaccinated for Equine Herpes Virus Type 1 (i.e. Rhinomune, Pneumabort-K, etc.) between 7 and 90 days prior to being covered by a Taylor Made stallion. Date of Vaccination: _____

In the interest of safety and to give your mare the best possible chance at becoming pregnant, please select from the following options: I hereby give Taylor Made Stallions Inc.'s Stallion Manager permission to perform the following for the mare referenced above, if necessary:

Tranquilize

Reinforce

Open

Signature: _____ Farm: _____

Farm Office Telephone: _____ Mobile Phone: _____

Name of Farm Veterinarian: _____ Veterinarian's Phone: _____

Special Instructions? _____