Taylor Made Stallions, Inc.
2027 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 / Booking Fax: 859-881-7068
www.taylormadestallions.com | **tmsbreedingshed@gmail.com**
NEW BOOKING TEXT: 571-747-0293 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	1st Trip	2nd Trip	3rd 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?_____