



DATE: \_\_\_\_\_

# STALLION HISTORY AND RECEIVING FORM

STALLION SERVICES, Inc.  
4009 G. P. EASTERLY RD., W. FARMINGTON, OH. 44491  
330.889.2282

OWNER OR AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

NAME OF HORSE \_\_\_\_\_

BREED \_\_\_\_\_ AGE \_\_\_\_\_ COLOR \_\_\_\_\_

IS THIS HORSE INSURED? (YES) (NO)

CARRIER \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY # \_\_\_\_\_

## VACCINATION HISTORY (FILL IN DATES):

EW \_\_\_\_\_ TET \_\_\_\_\_ FLU \_\_\_\_\_ RHINO \_\_\_\_\_ STREP \_\_\_\_\_

POTOMAC FEVER \_\_\_\_\_ RABIES \_\_\_\_\_ WEST NILE VIRUS \_\_\_\_\_

COGGINS \_\_\_\_\_ EVA \_\_\_\_\_

DEWORMED: \_\_\_\_\_ PRODUCT: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

**DIET:** HAY TYPE \_\_\_\_\_

Type of grain (sweet or pellet) and brand name: \_\_\_\_\_

AM FEED: \_\_\_\_\_ IN POUNDS PM FEED: \_\_\_\_\_ IN POUNDS

SPECIAL FEED REQUIREMENTS: \_\_\_\_\_

ANY PREVIOUS FOUNDER? (YES) (NO) ANY PREVIOUS COLIC? (YES) (NO)

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

# Stallion Reproductive History

INDICATE WHICH ARE APPLICABLE:

MAIDEN     LIVE COVERED     PHANTOM TRAINED

ARTIFICIALLY COLLECTED USING MOUNT MARE

HAS THIS STALLION PRODUCED LIVE FOALS? \_\_\_\_\_

HAS THIS STALLION RACED?     YES     NO

DATE LAST RACED : \_\_\_\_\_

DATE LAST BRED / COLLECTED \_\_\_\_\_

TYPE OF ARTIFICIAL VAGINA USED : \_\_\_\_\_

TEMPERATURE : \_\_\_\_\_     TIGHT     LOOSE

TYPE OF EXTENDER USED \_\_\_\_\_

OTHER PROBLEMS OR COMMENTS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOUR FARM VET (NAME AND PHONE):

\_\_\_\_\_

\_\_\_\_\_

ANY PREVIOUS USE OF PROGESTERONE SUCH AS REGU-MATE? (YES) (NO)