

## \*EMAIL ALL DOCUMENTS PRIOR TO BREEDING TIME\*

3750 Paris Pike Lexington, KY 40511 / Booking Line: 859-293-9263

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BREEDING SESSIONS: 7:00 AM - 2:00 PM - 6:00 PM, Gates open 30 minutes ahead

BOOKING OFFICE HOURS: 8:00am – 5:00pm Monday-Friday **♦** 8:00am – 12:00pm Saturday-Sunday & Holidays

## THIS BREEDING SHED FORM MUST BE SENT EACH TIME A MARE IS PRESENTED FOR BREEDING

DATE:BREEDING SESSION (A.M. or P.M.):						
STALLION:	MARE:		AGE/COLOR:			
PLEASE CHECK BEGINNING STATUS: ( ) F	OALING () BARREN	() MAIDEN	() IMPORTED FOR 2022 SEASON			

• Mare must have proper identification (halter nameplate or neck strap) to be bred

• Cultures must be taken within 30 days

## *PLEASE <u>CIRCLE</u> THE APPROPRIATE REQUIREMENTS THAT NEED TO ACCOMPANY THE MARE AND ATTACH THE NECESSARY PAPERWORK. PLEASE NOTE THAT THE <u>MARE WILL NOT BE BRED WITHOUT THESE DOCUMENTS</u>.*

	1ST TRIP	2ND TRIP	<b>3RD TRIP</b>	4TH TRIP & ETC.	DOUBLE
DOMESTIC MAIDEN:	Shed Form Uterine Culture Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC BARREN:	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC FOALING:	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED MAIDEN:	Shed Form Uterine Culture *2 CEM Cultures *1 set to include an En Jumped	Shed Form dometrium Swab	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED BARREN:	Shed Form Uterine Culture Quarantine Release Endometrium CEM Cu	Shed Form lture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED FOALING:	Shed Form Quarantine Release Endometrium CEM C	Shed Form Uterine Culture 'ulture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
			shed to be vaccinated for E covered by a Gainesway s		-1 (i.e.
Date of Vaccination: Type of Vaccination: Administered By:		Doubles available depending on the availability of the stallion, <u>not</u> guaranteed. Foal heats and doubles may be bumped at short notice.			
DO WE HAVE I		R ATTENDING VET CHECK ONE:	ERINARIAN TO <u>TRANQ</u> YES N		NECESSARY
	s if this mare has any		conditions that our breed	======================================	ware of (for

Name of Farm Veterinarian:

Veterinarian's Phone:

Farm Office Telephone: \_\_\_\_\_\_Mobile Phone: \_\_\_\_\_