

EMAIL ALL DOCUMENTS PRIOR TO BREEDING TIME

3750 Paris Pike Lexington, KY 40511 / Booking Line: 859-293-9263 Emails: shedpaperwork@gainesway.com (all paperwork use this email) Booking Correspondence Weekdays: sarah.buckler@gainesway.com Booking Correspondence Weekends: logan.saylor@gainesway.com BREEDING SESSIONS: 7:00 AM - 2:00 PM - 6:00 PM,

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

DATE:	BREEDING SESSION (A.M. or P.M.):				
STALLION:		MARE:	AGE/CO	AGE/COLOR:	
PLEASE CHECK I	BEGINNING STATUS: () FOA	LING () BARREN	() MAIDEN () IMPORTEI	FOR 2022 SEASON	
 Cultures m All 1st trips the PLEASE CIRCLE 		ys SEIZE THE GREY & EMENTS FOR YOUR M	t TAPIT TRICE MUST HA ARE. PLEASE NOTE THAT TH		
	1ST TRIP	2ND TRIP	3RD TRIP	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	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 Forn
			shed to be vaccinated for Eccovered by a Gainesway st		:-1 (i.e.
Date of Vaccination: Type of Vaccination:			Doubles available depending on the availability of the stallion, <u>not</u> guaranteed.		
Administered B		<u> </u>	Foal heats and doubles i	may be bumped at short no	otice.
DO WE HAVE		R ATTENDING VET CHECK ONE:	TERINARIAN TO <u>TRANQ</u> YESNO	<u>uilize</u> this mare if O	NECESSAR
	if this mare has any cha lle, sight impairments, et		ions that our breeding shed		or example,
======================================	Farm Ma	nager or Person Compl			

Farm Office Telephone: ______Mobile Phone: _____

Name of Farm Veterinarian: ________Veterinarian's Phone: _______