GAINESWAY

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: claire.dilger@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

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: ( ) FOALING ( ) BARREN ( ) MAIDEN ( ) IMPORTED FOR 2027 SEASON

- **Mare must have proper identification (halter nameplate or neck strap) to be bred**
- **Cultures must be taken within 30 days**
- **All 1st trips to WHITE ABARRIO MUST HAVE A BREEDING SOUNDNESS EXAM**

***PLEASE CIRCLE* THE APPROPRIATE REQUIREMENTS FOR YOUR MARE. PLEASE NOTE THAT THE *MARE WILL NOT BE BRED WITHOUT THESE DOCUMENT EMAILED TO SHED PAPERWORK EMAIL PRIOR TO THE SCHEDULED TIME*.**

	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 Endometrium Swab Jumped**	**Shed Form**	**Shed Form Uterine Culture**	**Shed Form Uterine Culture**	**Shed Form**
IMPORTED BARREN:	**Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture**	**Shed Form**	**Shed Form Uterine Culture**	**Shed Form Uterine Culture**	**Shed Form**
IMPORTED FOALING:	**Shed Form Quarantine Release Endometrium CEM Culture**	**Shed Form Uterine Culture**	**Shed Form Uterine Culture**	**Shed Form Uterine Culture**	**Shed Form**

Gainesway will REQUIRE all Mares coming to the breeding shed to be vaccinated for Equine Herpes Virus Type-1 (i.e. Rhinomune, Pneumabort-K, etc.) between 7-90 days of being covered by a Gainesway stallion.

Date of Vaccination:_____
Type of Vaccination:_____
Administered By:_____

Doubles available depending on the availability of the stallion, not guaranteed.

Foal heats and doubles may be bumped at short notice.

DO WE HAVE PERMISSION FOR OUR ATTENDING VETERINARIAN TO TRANQUILIZE THIS MARE IF NECESSARY?

PLEASE CHECK ONE: YES_____ NO _____

**** Please tell us if this mare has any characteristics or conditions that our breeding shed needs to be aware of (for example, difficult to handle, sight impairments, etc.):** _____

Farm:_____ **Farm Manager or Person Completing this Form:** _____

Farm Office Telephone:_____ **Mobile Phone:** _____

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