

<b>Donor Mare Information</b>	
Name _____	Height _____
Breed _____	Weight _____
Reg # _____ Age _____ Color _____	Discipline _____
Insurance Agency _____	
Insurance Contact Information _____	
_____	
_____	

**Owner Information**

Owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Email address \_\_\_\_\_

**Stallion Information:**

Please list stallions in order of preference. Actual order of use may vary with availability of stallion or semen.

Stallion 1: \_\_\_\_\_ Number of ET pregnancies \_\_\_\_\_  
Contact : \_\_\_\_\_ phone # \_\_\_\_\_

Stallion 2: \_\_\_\_\_ Number of ET pregnancies \_\_\_\_\_  
Contact : \_\_\_\_\_ phone # \_\_\_\_\_

Stallion 3: \_\_\_\_\_ Number of ET pregnancies \_\_\_\_\_  
Contact : \_\_\_\_\_ phone # \_\_\_\_\_

**Health Considerations:**

Prior to transport, we require all mares to be vaccinated against Eastern and Western Equine Encephalitis, Tetanus, Rhino, Influenza, and West Nile. Please let us know if vaccines need to be given upon arrival to Outback Stallion Station. Please fill out the following information to help us in managing your mare.

**Medical Problems:**

\_\_\_\_\_

\_\_\_\_\_

**Current Treatments:**

\_\_\_\_\_

**Feed:**

Hay type and quantity

\_\_\_\_\_

Grain Type and quantity

\_\_\_\_\_

Supplements

\_\_\_\_\_

