



**LANE'S END**

P.O. Box 626 Versailles, KY 40383 / Telephone: 859-873-7300 / Fax: 859-873-1319

**BREEDING SESSIONS: 8:00 AM and 2:00 PM Daily**

**BOOKING OFFICE HOURS: 7:00am – 4:00pm Monday-Friday ♦ 7:00am – 3:00pm Saturday & Sunday (Subject to Change)**

**THIS BREEDING SHED FORM MUST ACCOMPANY MARE EACH TIME SHE 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 2017 SEASON

- Mare must have proper identification (halter nameplate or neckstrap) in order to be bred
- Cultures must be taken within 30 days
- Breeding soundness certificates required on CONNECT and UNIFIED (First trip only)

PLEASE CIRCLE THE APPROPRIATE REQUIREMENTS THAT NEED TO ACCOMPANY THE MARE AND ATTACH THE NECESSARY PAPERWORK. PLEASE NOTE THAT THE MARE WILL NOT BE BRED WITHOUT THESE DOCUMENTS.

	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

Lane's End 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 Lane's End stallion.

Date of Vaccination: \_\_\_\_\_

Type of Vaccination: \_\_\_\_\_

Administered By: \_\_\_\_\_

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.):** \_\_\_\_\_  
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**Farm:** \_\_\_\_\_ **Farm Manager or Person Completing this Form:** \_\_\_\_\_

**Farm Office Telephone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Name of Farm Veterinarian:** \_\_\_\_\_ **Veterinarian's Phone:** \_\_\_\_\_