

# Ramsey Farm, Inc.

## 2010 BREEDING SHED FORM

Telephone: (859) 887 3200 fax: (859) 885 2666

Breeding Times 8.00 a.m. and 2.00p.m.

This form must accompany the mare EACH time mare is presented for breeding.

STALLION Kitten's Joy Date  / /

Name of Mare \_\_\_\_\_ Year of Birth  / / Color \_\_\_\_\_

Sire of Mare \_\_\_\_\_ Sire of Dam \_\_\_\_\_

Owner of Mare \_\_\_\_\_

Boarding Farm \_\_\_\_\_ Telephone \_\_\_\_\_

Veterinarian \_\_\_\_\_ Telephone \_\_\_\_\_

All mares must have proper identification when being presented for breeding (halter or neck strap with her name on it). We will not breed any mare without proper I.D.

Please check the appropriate category for mare and attach the necessary papers to this form. This form must be completed and signed by a representative of mare's boarding farm.

- \_\_\_\_\_ 1. **Domestic Maiden** A negative aerobic uterine culture is required within 30 days of their initial cover and if returning for a **third heat**. (and for all subsequent covers) **All maiden mares must be jumped before first trip to breeding shed.**
- \_\_\_\_\_ 2. **Domestic Barren** A negative aerobic uterine culture is required within **30 days of their initial cover** and if returning for a **third heat**. (and for all subsequent covers).
- \_\_\_\_\_ 3. **Domestic Foaling** (foaling date  / /) A negative aerobic uterine culture is required when returning for a **third heat**. (and for all subsequent covers)
- \_\_\_\_\_ 4. **Imported Maiden** All fillies and mares of foreign origin must have two (2) sets of cultures from the clitoral fossa, clitoral sinus (es), and cervix obtained at the discretion of the attending veterinarian during a period of 7 to 14 days either before or after the cultures taken in estrus. Also, one negative CF blood test is required prior to breeding.  
DATES CULTURED :  / /  / / NEGATIVE BLOOD DATE :  / /
- \_\_\_\_\_ 5. **Imported Foaling or Barren** from countries previously under **CEM quarantine**. Contact the State Veterinarian's Office (502 564 3956) for required procedures. A copy of the **Quarantine Release Must** accompany mare on first trip to breeding shed.

**IMPORTED MARES AND THE NEXT THREE (3) MARES BRED TO THE SAME STALLION, MUST HAVE A CF TEST TAKEN AT 15 - 25 DAYS POST BREEDING.**

Name \_\_\_\_\_ Authorized Agent for \_\_\_\_\_  
(Signature)