



17107 Davis Road
 Summerdale, AL 36580
 (251) 989-4234 FAX-(251)989-6466
 EMAIL- gulfcoastequine@yahoo.com

CONTRACT TYPE: NEW or REBREED

Registered Name: _____ Registration#: _____
 Barn Name: _____ Color: _____ Age/DOB _____ Breed _____
 Insurance Info: _____

Stall (Limited) Pasture

Stallion #1: _____ Location & Phone #: _____
 Stallion #2: _____ Location & Phone #: _____
 Stallion #3: _____ Location & Phone #: _____
 Stallion #4: _____ Location & Phone #: _____

Is this an embryo transfer breeding? YES or NO

ET Facility: _____ Phone #: _____

Mare owner must have a contract with an ET Facility completed and have present when dropping the mare off for breeding.

Is this mare a maiden? YES or NO If NO, please provide any necessary reproductive.

History _____

(Please include any need for Regu-Mate, previous culture/biopsy results, Caslicks, etc.)

Has mare been under lights? YES or NO Additional instructions, if any: _____

Mare Health & Management

If no

vaccination history is provided, animals will be vaccinated upon arrival at Owner's expense.

Eastern & Western Equine Encephalitis	Date	Farrier Services Trimming and shoeing will be performed as needed or as requested. Farrier services will be billed directly by the farrier to the mare owner. Trim Front Shoe Full Shoe Last Farrier Date: _____ _____ (initial here) I am requesting NO FARRIER services to be performed on my mare.
Tetanus	Date	
West Nile	Date	
Rhinopneumonitis	Date	
Influenza	Date	
Rabies (recommended)	Date	
Strangles (optional)	Date	
Last Deworming (Type/Brand):	Date	
Current Negative Coggins (w/in 12mo.)	Date	



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Feeding Instructions

The standard diet at GCEH is grass and /or peanut hay, Purina Senior feed, Purina Strategy Healthy Edge and Alfalfa cube. If the mare is on a different feed, please provide the feed and hay for the mare.	
Hay Type & Quantity (Flakes):	Grain Type & Quantity (Scoop):
Supplements & Quantity:	Special Instructions:

I hereby authorize Gulf Coast Equine Hospital to charge end of the month billing expenses to the following credit card for services rendered. INITIAL: _____

VISA MASTERCARD AMEX DISCOVER CARD NUMBER: _____

Name as appears on card: _____ Expiration Date: _____

3 or 4 Digit CCV# _____ Billing Zip Code: _____

It is my understanding that care will be taken for both mare and/or foal presented at Gulf Coast Equine Hospital, to prevent accident, sickness, injury, or death and that the mare owner will not hold GCEH, its owner or any of their employees responsible if such occurrences should arise. It is understood GCEH, its owners, employees, veterinarians, and guest shall not be held liable for an injury's, escape, disability, or death of any horse on it premises whether from fire, flood, theft, act of God or other reason.

Owner is responsible for any costs related to the breeding and/ or artificial insemination of the Mare. There is no guarantee of successful realization of the relevant procedures and occurrence of pregnancy. GCEH is not reliable for any delay of semen shipment.

Owners Signature: _____

Date: _____