



ProFuture Equine Mare Information Form

GENERAL INFORMATION

Registered Name _____ Registration No. _____

Barn Name _____ Age _____

Has she ever had a 6-panel test? YES ___ NO ___ If yes, Positive OR Negative

Has she ever had a metabolic panel test? YES ___ NO ___

Is she currently in training or competing? YES ___ NO ___

If yes, do you use regumate or altrenogest regularly? YES ___ NO ___

Is she on any regular medication? YES ___ NO ___

If yes, what kind & how much? _____

CARE INFORMATION

Is she kept in a stall? YES ___ NO ___ If so, how many hours per day? _____

Does she get turned out in a pasture? YES ___ NO ___ If so, how many hours per day? _____

Does she have access to free choice Mineral / Salt? YES ___ NO ___

Grain: YES ___ NO ___ How any LB per day? _____ If so, what kind? _____

Alfalfa Hay YES ___ NO ___ Grass Hay: YES ___ NO ___

Supplements: YES ___ NO ___ If so, what kind? _____

Does she have any lameness? YES ___ NO ___

If so, what kind? _____

Has she ever coliced? YES ___ NO ___ If so, when was the most recent time? ____ / ____ / ____

VACCINATION INFORMATION

Coggins: ____ / ____ / ____ EWT: ____ / ____ / ____ West Nile: ____ / ____ / ____

Strangles: ____ / ____ / ____ Rabies: ____ / ____ / ____ Flu / Rhino: ____ / ____ / ____

Last Deworming: ____ / ____ / ____ What kind of dewormer was used? _____

HOOF CARE INFORMATION

Hoof care: YES ___ NO ___ Date of last farrier visit? ____ / ____ / ____

Trim _____ Full Shoe _____ Half Shoe _____ Specialty Shoe _____

Dental Check: YES ___ NO ___ Date of last dental check? ____ / ____ / ____

If dental, vaccinations, or hoof care is not documented, ProFuture Equine will perform necessary without notification to ensure the comfort and safety of all horses in our care.

Phone: 405-881-4240

E-Mail: office@profutureequine.com

Website: www.profutureequine.com



REPRODUCTION INFORMATION

Current Status: Maiden _____ In Foal _____ Foal by Side _____ Foal DOB _____ / _____ / _____

Has she ever carried a foal to term? YES ___ NO ___ Did she have good milk supply? YES ___ NO ___

Has she ever aborted? YES ___ NO ___

No pregnancy has been resulted after _____ year(s) of attempting.

Does she have any known reproductive issues? YES ___ NO ___

Do you have any other mares that have reproductive issues? YES ___ NO ___

Has she been under lights? YES ___ NO ___ If so, how many hours per day? _____

Do you have any studs on your property? YES ___ NO ___

Has she ever been cultured? YES ___ NO ___ Culture Results: Clean _____ Infected _____

SERVICES REQUESTED

Stallion #1: _____ Standing At: _____

Plan: Carry: _____ Flush (ET): _____ Flush (Vitrify): _____ ICSI – Aspiration: _____

Stallion #2: _____ Standing At: _____

Plan: Carry: _____ Flush (ET): _____ Flush (Vitrify): _____ ICSI – Aspiration: _____

Stallion #3: _____ Standing At: _____

Plan: Carry: _____ Flush (ET): _____ Flush (Vitrify): _____ ICSI – Aspiration: _____

OWNER INFORMATION

Name: _____

Phone: _____ E-mail: _____

Preferred point of contact: Phone Call _____ Text _____ Email: _____

AGENT INFORMATION

Name: _____

Phone: _____ E-mail: _____

Preferred point of contact: Phone Call _____ Text _____ Email: _____