



7 Spade Quarter Horses

MARE INFORMATION SHEET

To Be Kept By: Jara Ann & Cole Corson

(Fill out one for each mare to be bred)

Owner's Name (as recorded with the Registry) Phone No. (h) (w)

Address Street City State Zip

Horses Name and Number

Foaled Color Markings

Anticipated arrival date Foal at Side?

Sire of Foal Date/last foaling

Does Horse have any dangerous propensities? If yes, describe:

Stallion to which mare shall be bred: Just A Hickory Spade

Medical History of Horse: Colic Frequency

Founder When

Allergies, if known

Other

Tetanus Toxoid Date

VEE

Encephalomyelitis (sleeping sickness),

Eastern & Western Strains

Date of last worming Coggins Test

Feeding Program: Hay type Amount

Grain type(s) Amount

Pellets Amount

Known allergies to feeds

Special Care Requirements

Habits

To be contacted in case of emergency, if owner cannot be reached:

Name Phone Number

Address

Is Horse insured?

Insurance Carrier Policy #

Carrier's Address

Insurance contact for emergencies and phone number:

Veterinary emergency contact:

Name Phone Number

This Horse is/is not considered a surgical candidate in the event of colic or serious illness (check one). IS IS NOT

Owner's Initials