



# RATHBARRY STUD

Fermoy, Co Cork, Ireland • Tel: +353 (0)25 36362 • Email: info@rathbarrystud.com

## MARE DETAIL FORM

This form must be completed by the Mare owner or his/her representative

Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Mare is resident at: \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Vet surgeon: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**HAS THE MARE EVER HAD (if so, when)**

Yes | No | A jaundiced foal \_\_\_\_\_  
 Yes | No | Any infectious or contagious disease \_\_\_\_\_  
 Yes | No | Virus Abortion \_\_\_\_\_  
 Yes | No | Contagious Metritis \_\_\_\_\_  
 Yes | No | Been in foal at 42 days and later barren \_\_\_\_\_  
 Have ANY of your mares been on a stud affected with \_\_\_\_\_  
 Yes | No | Virus Abortion \_\_\_\_\_  
 Yes | No | Contagious Metritis \_\_\_\_\_  
 Yes | No | Strangles \_\_\_\_\_

Stallion: \_\_\_\_\_  
 Mare's Name: \_\_\_\_\_  
 Colour: \_\_\_\_\_ Year of birth: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Out of: \_\_\_\_\_  
 Pedigree Reference: \_\_\_\_\_  
 \_\_\_\_\_  
 In-Foal/Barren to: \_\_\_\_\_  
 Last Service Date: \_\_\_\_\_  
 Slipped To: \_\_\_\_\_  
 Date Slipped: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_

**Previous Breeding Record**

2020 \_\_\_\_\_  
 2019 \_\_\_\_\_  
 2018 \_\_\_\_\_  
 2017 \_\_\_\_\_  
 2016 \_\_\_\_\_

**Foaling Information**

Yes | No | Will your mare foal at Rathbarrystud \_\_\_\_\_  
 Yes | No | Has the mare been stitched \_\_\_\_\_  
 Yes | No | Vaccinated against Tetanus ( / / ) \_\_\_\_\_  
 Yes | No | Vaccinated against Pneumabort ( / / ) \_\_\_\_\_  
 Yes | No | Mare last dosed for worms ( / / ) \_\_\_\_\_  
 Any history of foaling problems \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When your mare travels to Rathbarrystud, please remember to send her passport, C.E.M. Swab and E.V.A. certificate and E.I.A. certificate.

Address to which invoices are to be sent to or made out to and/or information if different from details above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Any special instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 The undersigned agree that the Stud Owner shall have the right in the event of a suspected or confirmed outbreak of a contagious disease, to control (to include prohibition of) all movement of animals and vehicles and unauthorised persons in or out of the Stud or any lands used in connection therewith.

Date: \_\_\_\_\_ Signature of mare owner or representative: \_\_\_\_\_

**NOTE:** Every care will be taken with your Mare/Foal, but no responsibility whatsoever is accepted for any accident, disease, injury or death to the Mare and / or Foal whilst visiting the Stud. This document is private and confidential between the mare owner and the stallion owner / manager.