RATHBARRY STUD

FERMOY, CO.CORK, IRELAND.

TELEPHONE: 353 - 25 - 36362. FAX: 353 - 25 - 36602

e-mail:info@rathbarrystud.com

This Mare Form must be completed by the Mare owner or his / representative.

Owner's Name:	Stallion:
Address:	Mare's Name:
	Colour: Year of birth:
	Ву:
Tel:	Out of:
Fax:	Pedigree Reference:
Email:	
Mare is resident at:	In-Foal/Barren To:
	Last Service Date:
Name of Vet surgeon:	Slipped To:
Tel:	Date Slipped:
Fax:	Passport Number:
HAS THE MARE ever had (if so, when)	Previous Breeding Record
Yes No A jaundiced foal	2022
Yes No Any infectious or contagious disease	2021
Yes No Virus Abortion	2020
Yes No Contagious Metritis	2019
Yes No Been in foal at 42 days and later barren	2018
Has ANY of your mares been on a stud affected with:	Foaling Information:
Yes No Virus Abortion	Yes No Will your mare foal at Rathbarry Stud
Yes No Contagious Metritis	Yes No Has the mare been stitched
Yes No Strangles	Yes No Vaccinated against Flu/Tetanus (/ /)
	Yes No Vaccinated against Pneumabort(/ /)
When your mare travels to Rathbarry Stud,	Yes No Mare last dosed for worms (/ /)
please remember to send her passport, C.E.M.	Any history of foaling problems:
Swab & E.V.A. certificates & E.I.A Certificate.	
Address to which Invoices are to be sent to or made out	t to and/or information if different from details above:
Any special instructions:	
I the undersigned agree that the Stud Owner shall have the	· ·
contagious disease, to control (to include absolute prohibitio	•
unauthorised persons in or out of the Stud or any lands used	an connection therewith.
Date: Signature of mare owner, or represe	entative
NOTE: Every care will be taken with your Mare/Foal, but no	
disease, injury or death to the Mare and / or Foal whilst visiti	ing the Stud. This document is private and confidential
petween the mare owner & the stallion owner / manager.	