

Juddmonte

FARMS

3082 Walnut Hill Road, Lexington, Kentucky 40515
 Booking Line: 859-272-7620 Office: 859-272-7629 Fax: 859-272-5361

2018 Booking Hours:

Monday - Friday 8:00 AM - 4:30 PM Saturday - Sunday 8:00 AM - 12:00 PM

THIS BREEDING SHED FORM MUST ACCOMPANY MARE ON EACH TRIP TO THE BREEDING SHED

DATE: _____ BREEDING SESSION (select one): 9:00 AM _____

2:30 PM _____

STALLION: _____ 7:00 PM _____

MARE: _____ Age/Color: _____

Mare's Sire: _____ Mare's Dam: _____

- Mare must have proper identification (halter nameplate or neckstrap) in order to be bred.
- All mares must be vaccinated for EHV 1 (i.e. Rhinomune, Pneumabort K, etc.) between 7 and 90 days of being covered by a Juddmonte stallion. There will be **NO EXCEPTIONS**:

Date of vaccination: _____ Type of vaccination: _____ Administered by: _____

PLEASE CIRCLE THE APPROPRIATE REQUIREMENTS FOR EACH TRIP THAT NEED TO ACCOMPANY THE MARE AND ATTACH THE NECESSARY PAPERWORK. THE MARE WILL NOT BE BRED WITHOUT THESE DOCUMENTS.

	1 ST TRIP	2 ND TRIP	3 RD TRIP	4 TH TRIP & ETC.	DOUBLE
DOMESTIC MAIDEN:	Shed Form Uterine Culture Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC BARREN:	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC FOALING:	Shed Form	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED MAIDEN:	Shed Form Uterine Culture *2 CEM Cultures *1 set to include an Endometrium Swab Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED BARREN:	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED FOALING:	Shed Form Quarantine Release Endometrium CEM Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form

*CEM requirements: Juddmonte will comply with the 2018 USDA and Kentucky Department of Agriculture regulations pertaining to CEM.

DO WE HAVE PERMISSION TO TRANQUILIZE THIS MARE IF NECESSARY (check one)? YES _____ NO _____

Please tell us if this mare has any characteristics or conditions that our breeding shed needs to be aware of (for example, difficult to handle, sight impairments, etc.): _____

Farm: _____ Farm Manager/Person Completing this Form: _____

Farm Office Telephone: _____ Mobile Phone: _____

Farm Veterinarian: _____ Veterinarian's Phone: _____