

ROCKY BAY – IN HOUSE MARE RECORD

CLIENT MARE RECORD: Arrived _____ Departed _____ Year _____

Mare's Barn Name: _____ Age _____

Mare's Reg. Name: _____

Breed: _____ Reg.No.: _____

Description: _____

Owner's Name: _____

Address: _____

Phone: (Home) _____ (Office) _____ (Cell) _____

Credit Card information _____

Please include the type of credit card, expiration date and the 3 digit security code from the back of the card on the signature line.

MARE HEALTH:

Vaccination History: _____

Last Deworming: _____

Last Trim/Shoeing: _____

Special Needs: _____

Feeding: _____

Comment's: (Previous Repro Problems, Previous Health Problems, Year last foaled.

Stallion Breeding To: _____

Stud Farm Name: _____

Stud Farm Phone: _____

*Please fill out this form and mail or fax back to Rocky Bay Equine at least 2 weeks prior to desired collection. Address: Rocky Bay Equine, PO Box 452 Vaughn, WA 98394. Call for fax number - Phone: (253) 858-4529.