

Darley 2009 Breeding Shed Requirements

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Booking Hours: MON - FRI: 8 AM to 5 PM SAT - SUN: 8 AM to 1 PM

GENERAL MARE INFORMATION: This form must accompany mare on **each** trip to the breeding shed.

STALLION: _____

MARE: _____ **YEAR OF BIRTH:** _____ **COLOR:** _____

MARE'S SIRE: _____ **MARE'S DAM:** _____

OWNER OF MARE: _____ **IMPORTED: YES** _____ **NO** _____

COVERING STALLION IN 2008: _____ **LAST COVER DATE** _____

BREEDING TIMES (PLEASE CIRCLE ONE): 7:30 AM, 1:30 PM, AND 6:30 PM

Mare must have proper identification (halter name plate or neck strap). Please CIRCLE the appropriate requirements below and attach the necessary paper work. Mare will not be bred without all required signed documents.

	1st Trip	2nd Trip	3rd Trip	4th Trip & ETC
DOMESTIC MAIDEN:	Shed Form Neg. Uterine Culture (within 60 days) Jumped	Shed Form	Shed Form Neg. Uterine Culture	Shed Form Neg. Uterine Culture
DOMESTIC BARREN:	Shed Form Neg. Uterine Culture	Shed Form	Shed Form Neg. Uterine Culture	Shed Form Neg. Uterine Culture
DOMESTIC FOALING:	Shed Form	Shed Form Neg. Uterine Culture	Shed Form Neg. Uterine Culture	Shed Form Neg. Uterine Culture
IMPORTED MAIDEN:	Shed Form Neg. Uterine Culture Jumped Quarantine Release	Shed Form	Shed Form Neg. Uterine Culture	Shed Form Neg. Uterine Culture
IMPORTED BARREN:	Shed Form Neg. Uterine Culture Quarantine Release	Shed Form	Shed Form Neg. Uterine Culture	Shed Form Neg. Uterine Culture
IMPORTED FOALING:	Shed Form Quarantine Release	Shed Form Neg. Uterine Culture	Shed Form Neg. Uterine Culture	Shed Form Neg. Uterine Culture

Darley will **REQUIRE** all Mares coming to the breeding shed be vaccinated for Equine Herpes Virus Type - 1 (i.e. Rhinomune, Pneumobort-K, etc.) between 7-90 days of being covered by a Darley stallion.

Date of Vaccination: _____

Type of Vaccination: _____

Administered by: _____

CEM Requirements: Darley will comply with the 2009 USDA & Kentucky Department of Agriculture regulations pertaining to CEM. All import mares are required to provide proof of successfully completing CEM testing procedures prior to being bred.

Farm Name: _____ **Farm Manager/Agent:** _____

Farm Office Phone: _____ **Mobile** _____ **Farm Vet.** _____

DO WE HAVE PERMISSION TO TRANQUILIZE YOUR MARE IF NECESSARY? YES _____ **NO** _____ **Check one**

Please indicate if mare has any characteristics or conditions the breeding shed should be aware of (eg: difficult to twitch, sight impairments, etc.)

All maiden mares must be jumped prior to first visit!