

Regal Heir Farm

5 Bullfrog Rd | Grantville, PA 17028 | 717.469.2300 | Fax 717.469.7464

www.regalheir.com | office@regalheir.com

Mare Information Form

This completed form and current Coggins test must accompany mare for admittance to Regal Heir

Owner Information

For Jockey Club report and billing purposes

Owner's Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Credit card information to be used only for accounts over 30-days past due

Card Type: _____ Name on Card: _____

Card Number: _____ Exp Date: _____ 3-Digit Security Code: _____

Mare Information

Mare's Name: _____ Birth Year: _____ Color: _____

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

Mare Insured: **Y / N** Foal Insured: **Y / N**

Insurance company name & number _____

Farm mare previously at: _____ Phone: _____

In the event of an emergency Regal Heir will make every reasonable effort to contact you.

If we are unable to contact you, do you pre-authorize the mare's transport to and care in an equine clinic: **Y / N**

Breeding History

Stallion for 2009: _____ If mare foaled in 2009, date: _____ Sex of foal: _____

LBD in 2008: _____ Stallion bred-to in 2008: _____

Shots Record

Dates required on each line. Shots were not given prior to arrival at Regal Heir will be given here.

Rhino: _____ Strangles: _____ Rabies: _____ West Nile: _____ Flu: _____ Tetanus: _____

EEE-WEE: _____ Potomac: _____ Botulism: _____ De-worming: _____ Brand Used: _____

Roto Virus: 1st _____ 2nd _____ 3rd _____ Does mare require Regumate: **Y / N**

Last farrier work – Type: _____ Date: _____ Last Dental Work- Type: _____ Date: _____

Comments, special requirements and special authorizations:

Signature of Owner or Authorized Agent:

Print Name: