

**HEALTH FORM**  
**(TO BE COMPLETED AND RETURNED TO GCA PRIOR TO MARES ARRIVAL)**

NAME OF MARE: \_\_\_\_\_ REG. # \_\_\_\_\_  
REGISTRY: \_\_\_\_\_ BREEDING YEAR: \_\_\_\_\_

PLEASE ATTACH A COPY OF THE FOLLOWING AND SEND TO GOLD CREEK ARABIANS PRIOR TO FIRST REQUEST FOR SEMEN.

- CURRENT HEALTH CERTIFICATE
- PROOF OF THE FOLLOWING VACINATIONS:
  - \*FLU, RHINO, EEE AND WEE
- WORMING
  - \*DATE OF LAST WORMING
- UTERINE CULTURE

WHEN WAS THE FIRST DAY OF YOUR MARES LAST CYCLE?

HAS THE VET DETERMINED THAT HER FOLICLES ARE RIPEING AND READY FOR BREEDING? WHEN WAS THIS DETERMINED AND BY WHAT METHOD?

\_\_\_\_\_  
\_\_\_\_\_

HOW MANY CYCLES HAVE YOU OBSERVED THIS CURRENT BREEDING SEASON?

\_\_\_\_\_

WHAT WAS THEIR DURATION? \_\_\_\_\_

WHAT IS THIS MARES PREVIOUS HISTORY...HOW MANY FOALS, WHEN WERE THEY BORN, DID THEY ALL SURVIVE? HAS SHE BEEN BRED BY AI PREVIOUSLY? SHIPPED OR ON SITE?

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\_\_\_\_\_  
\_\_\_\_\_

DOES SHE HAVE ANY KNOWN CONCEPTION PROBLEMS? \_\_\_\_\_ IF YES, WHAT ARE THEY?

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\_\_\_\_\_  
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DOES SHE HAVE ANY KNOWN PROBLEMS CARRYING A FOAL TO TERM AND DELIVERY,

ACCEPTING HER FOAL? \_\_\_\_\_ PLEASE EXPLAIN:

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WHAT METHOD OF TRANSPORTATION WILL YOU BE USING TO SEND YOUR MARE TO GCA:

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WHAT PROPOSED ARRIVAL DATE DO YOU HAVE: \_\_\_\_\_

THANK YOU FOR YOUR ASSISTANCE BY PROVIDING THIS INFORMATION. WITH THIS KNOWLEDGE OUR VETERINARIANS CAN WORK TOGETHER TO INSURE A SUCCESSFUL BREEDING SEASON FOR US ALL!