

TRANSPORTED SEMEN HEALTH FORM

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?

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

DOES SHE HAVE ANY KNOWN PROBLEMS CARRYING A FOAL TO TERM AND DELIVERY, ACCEPTING HER FOAL? _____ PLEASE EXPLAIN:

WHAT AIRLINES AND OVERNIGHT CARRIER SERVICES SERVE YOUR SEMEN DESTINATION:

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!

ANY QUESTIONS? Please contact Gold Creek Arabians at (406) 363-6647 or email at suzy@goldcreekarabians.com.