

HOPES CREEK RANCH

Nancy & Walt Magnussen
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MARE INFORMATION FORM

Breeding to: (circle one) **Hands Of A Hero** **All Hands On Zip**

Owner Name _____ Phone _____

Owner's Address, City, State, Zip _____

Veterinarian Name/Clinic _____ Phone _____

Vet Address, City, State, Zip _____

Ship to (for shipped semen): _____

Shipping Address _____

Mare's Name _____ Breed _____ Reg # _____

Sire Name _____ Breed _____ Reg # _____

Dam Name _____ Breed _____ Reg # _____

Year born _____ Age _____ Date due to foal _____ Tentative Breeding Date _____

Date of last foaling _____ Check if maiden _____ Years Bred _____ Years foaled _____

Early fetal loss? _____ Uterine infections? _____ Caslick operation? _____ Retained placenta? _____

Cycle regularly? _____ Show heat well? _____

Foaling difficulty? _____ Have you done a uterine culture _____ Has she ever received progesterone (Regumate) for pregnancy maintenance? _____

Has she been biopsied? _____ Results of biopsy _____

-- **Do you understand** that it is essential to call the Hopes Creek Ranch office (979-690-0747) or email (nancy@hopescreekranch.com) on the first day of your mare's heat cycle to schedule her transported semen? _____

-- **Do you understand** that you must call to order semen by 6pm the day before collection? _____

-- **Do you understand** that there is a slight possibility that excessive demand on certain days will necessitate that we reschedule your mare? _____ (Mares can be safely recycled with Prostaglandin).

-- **Do you understand** that your mare must be examined at 16 days after last day bred? _____

Hopes Creek Ranch/Nancy Magnussen has my permission to charge my credit card for stud fee, or shipping and collection fees:

Card type (circle one): MasterCard VISA American Express

Card # _____ Expiration Date: _____

Name on card _____

SIGNATURE _____ **DATE** _____

Please return this form with your signed contract, booking fee and copy of mare's papers.