

Breeding Sessions: 7:00 AM,
 2:30 PM & 5:00 PM
Office Hours: M-F 7AM- 5PM
Weekends/Holidays: 7AM-Noon



Office Phone: 859-255-8290
Fax Number: 859-281-6148
Shed Entrance: 1027 Stoney Point Road Paris, KY 40361

Booking Contact: Vicki Stacy

**** DIRECT BOOKING LINE – CALL: 859-340-1311****

Booking Email: vstacy@hillndalefarms.com

After Hours Emergency Contact: Larry Walton (Stallion Manager) 859-707-4124

PLEASE EMAIL ALL SHED PAPER WORK TO: shedforms@hillndalefarms.com

2021 Breeding Shed Form

THIS BREEDING SHED FORM MUST ACCOMPY THE MARE EACH TIME SHE IS PRESENTED FOR BREEDING

Stallion: _____ Mare: _____

Breeding Session Date: _____ Breeding Session Time: _____

Mare Age: _____ Mare Color: _____

Microchip No. (If Applicable): _____ Tattoo No. (If Applicable): _____

Boarding Farm: _____ Boarding Contact: _____

Boarding Phone: _____ Boarding Email: _____

Farm Veterinarian: _____ Veterinarian Phone: _____

Please Check Beginning Status: Foaling Barren Maiden Not Bred in 2019 Imported for 2021 Breeding Season

Foaling Mare: Date Foaled: _____ Color: _____ Sex: _____ Sire: _____

ALL MARES MUST BE ACCOMPANIED BY THIS FORM EVERY TRIP & HAVE PROPER ID (HALTER OR NECK STRAP) TO BE BRED

▪ Cultures must be over 48 hours old but within 30 days. Cultures must be taken from the same heat cycle.

▪ Mares that do not have appropriate documents (listed below) will **NOT** be bred.

▪ CEM & EVA Requirements: Hill 'n' Dale Farms will comply with the 2021 regulations set forth by the USDA and the Kentucky Department of Agricultural in regards to CEM and

EVA	1 st Trip	2 nd Trip	3 rd Trip	4 th Trip	Double
Domestic Maiden	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture ▪ Jumped 	<ul style="list-style-type: none"> ▪ Shed Form 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form
Domestic Barren	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form
Domestic Foaling	<ul style="list-style-type: none"> ▪ Shed Form (Uterine Culture if foal did not stand & nurse) 	<ul style="list-style-type: none"> ▪ Shed Form 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form
Imported Maiden	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture ▪ 2 CEM Cultures (1 set to include an endometrium swab) ▪ Negative CF Test ▪ Jumped 	<ul style="list-style-type: none"> ▪ Shed Form 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form
Imported Barren	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture ▪ Quarantine Release ▪ Endometrium CEM Culture 	<ul style="list-style-type: none"> ▪ Shed Form 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form
Imported Foaling	<ul style="list-style-type: none"> ▪ Shed Form ▪ Quarantine Release ▪ Endometrium CEM Culture 	<ul style="list-style-type: none"> ▪ Shed Form 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form ▪ Uterine Culture 	<ul style="list-style-type: none"> ▪ Shed Form

This mare has been vaccinated for Equine Herpes Virus Type-1 in the last 7-90 days prior to breeding.

Date of Vaccination: _____ Type of Vaccination: _____

Does this mare have any characteristics or conditions that our breeding shed needs to be aware of: _____

I hereby give permission to Hill 'n' Dale Farms to tranquilize the above mare if it is necessary for her to be bred safely.

Yes NO

Signature: _____

Date: _____