



# CandlewoodEquine

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## HORSE ADMISSION AND DISCHARGE SHEET

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Owner/Agent \_\_\_\_\_ Address: \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Horse Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_

Grain Type \_\_\_\_\_ Amount/Day \_\_\_\_\_ Supplements \_\_\_\_\_

Private Turnout? Yes \_\_\_\_\_ No \_\_\_\_\_ Farrier \_\_\_\_\_ Phone \_\_\_\_\_

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## HEALTH HISTORY

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Existing Injuries/Medical Conditions \_\_\_\_\_

Previous Surgeries or Health Problems \_\_\_\_\_

EWT \_\_\_\_\_ R/F \_\_\_\_\_ PHF \_\_\_\_\_ Rabies \_\_\_\_\_ WN \_\_\_\_\_ Rhino \_\_\_\_\_

Deworming \_\_\_\_\_ Coggins Papers Arriving with Horse: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_  
If not current, one will be drawn

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## MARE INFORMATION

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Maiden \_\_\_\_\_ Barren \_\_\_\_\_ In foal \_\_\_\_\_ Last Breeding Date \_\_\_\_\_ Foal at Side \_\_\_\_\_ Date Foaled \_\_\_\_\_

Has she ever aborted? \_\_\_\_\_ When? \_\_\_\_\_ Does she need Regumate? \_\_\_\_\_ Caslick \_\_\_\_\_

Mare to be bred to: \_\_\_\_\_ Stallion Owner \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Days of Collection \_\_\_\_\_ Fresh \_\_\_\_\_ Frozen \_\_\_\_\_

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## STALLION INFORMATION

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Breeding History: Previously covered mares? Yes \_\_\_\_\_ No \_\_\_\_\_ Previously collected by AV? Yes \_\_\_\_\_ No \_\_\_\_\_

Previously trained onto a stallion mount/phantom? Yes \_\_\_\_\_ No \_\_\_\_\_

Procedure Required: Semen collection for Shipment? Yes \_\_\_\_\_ No \_\_\_\_\_ Semen collection for freezing? Yes \_\_\_\_\_ No \_\_\_\_\_

Breeding soundness/semen evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_ Phantom Training? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the stallion ever been vaccinated for EVA before? Yes \_\_\_\_\_ No \_\_\_\_\_

EVA Test: Positive  Negative  Date of Test \_\_\_\_\_

Stallion semen shipping to: Mare Name \_\_\_\_\_ Mare Owner \_\_\_\_\_

Shipping Facility/Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_ Address: \_\_\_\_\_

Shipping Fresh? \_\_\_\_\_ Shipping Frozen? \_\_\_\_\_ Person responsible for payment \_\_\_\_\_

**Please fax, mail or E-mail this completed form back to: Candlewood Equine, LLC, 2 Beaver Pond Lane, Bridgewater, CT 06752 Phone: 860-355-7770, Fax: 860-355-4219, E-Mail: [candlewoodequine@sbcglobal.net](mailto:candlewoodequine@sbcglobal.net)**