



CANDLEWOOD EQUINE

HORSE ADMISSION AND DISCHARGE SHEET

Owner: _____ Date of Admission: _____

Owner's Phone/Cell _____ E-mail Address: _____

Address: _____

Horse Name: _____

Age: _____ Sex: _____ Color: _____ Breed: _____

Breeding _____ Embryo Flush _____ Semen Collection _____ Semen Freezing _____ Other _____

Special Care: _____
Handling, feeds, supplements, medications, health concerns, vices, drug allergies

Private Turnout? ** Yes _____ No _____ **Additional fees apply except for stallions

Hoof Care: _____
Last appointment date, farrier, special instructions

Coggins papers arriving with horse: Yes _____ No _____ Date: _____
If not current, one will be drawn

Vaccinations and Deworming Dates:

Eastern/Western Encephalitis: _____ Influenza: _____ Tetanus: _____ Rabies: _____

West Nile Virus: _____ Rhinopneumonitis: _____ Potomac Horse Fever: _____ Deworming: _____

Mare Breeding History: _____
Previous foals, uterine cultures, cytology, past breeding problems

Stallion Information:

Stallion: _____ Stallion Owner: _____

Contact Person: _____ Telephone: _____

Days of Collection: _____ Fresh _____ Frozen _____

Subsequent Stallions:

Stallion #2: _____ Stallion Owner _____

Contact Person: _____ Telephone: _____

Days of Collection: _____ Fresh _____ Frozen _____

Note: Please fax, mail, or E-mail this completed form back to: Candlewood Equine, LLC, 2 Beaver Pond Lane, Bridgewater, CT 06752 Fax: 860-355-4219 E-mail: candlewoodequine@sbcglobal.net