

Mare Check in Form *Please fill this form out to the best of your knowledge*

Owner Nam	ie:		Mare Nam	Mare Name:		
BREEDING I	HISTORY:					
Is mare a m	aiden? Yes No l	Jnknown <u>If "Y</u>	es" or "Unknown" p	lease skip to next se	<u>ction</u>	
A Maiden	mare is defined as a	mare that has n	ever carried/produc	ced a foal		
Number of	foals mare has prod	uced in her life:	Year Ma	re last produced a fo	oal:	
Has this ma	re been known to be	e hard to get in f	foal or hard to keep	in foal? Yes No		
Comments/	Notes:					
BEHAVIOR:						
Is mare kno	wn to kick, strike, or	bite? Yes No				
Does mare	have a history of pul	ling back when t	tied? Yes No			
Is mare hob	ble "broke" or been	hobbled previo	usly (rear hobbles o	r sideline): Yes No		
State any ha	abits of Mare to be a	ware of:				
FEEDING O	PTIONS:					
minerals, o	s \$10/day for dry m r other supplements ded by owner is an o	. Mare owner p	rovides hay its \$7/c	lay dry and \$12/day	wet. Feeding	
Hay: (circle one or both if mixed) Alfalfa		Teff Grass	Hay provided by m	nare owner		
	ffer graining once durina options.	aily to mares wh	nile onsite. Owners o	an provide their ow	n or pick one of	
No grain	Grain provided b	y mare owner	Equine Senior	Strategy GX	Omolene 300	
Please list n	ormal feeding routi	ne as well as typ	e and quantities fed	<u>:</u>		

every effort to contact you for further instruction. However, in the event of an emergency, or if we cannot timely reach you or your designated agent, you may authorize us to provide veterinary care by checking below. You may limit the amount of veterinary fees that will be incurred by including a dollar amount. In all other cases, animals will be kept as comfortable as possible until the owner can provide instruction on how to proceed.
□ I authorize Lazy Three Bar Ranch to provide emergency veterinary care at Idaho Equine Hospital (16080 Equine Dr. Nampa, ID 83687) for my mare up to the amount of \$
□ I do NOT authorize Lazy Three Bar Ranch to provide or arrange for emergency veterinary care for my mare and/or foal without specific instructions from me.
TRANSPORTATION: By authorizing Lazy Three Bar Ranch to transport my mare and/or foal for emergency or reproductive services I agree to indemnify, defend and hold Lazy Three Bar Ranch and/or the receiving veterinary care hospital harmless from any claims, damages, death, injury, expenses, costs or lawsuits arising from or related to the transportation of my mare, including without limitation attorneys' fees. For the purposes of section, the term "transportation" includes without limitation, loading, unloading and hauling my mare, whether individually or with other animals.
Please mark all authorized reasons for transportation below:
□ I authorize Lazy Three Bar Ranch to transport my mare and/or foal for emergency veterinary services with Idaho Equine Hospital in Nampa, Idaho.
\Box I authorize Lazy Three Bar Ranch to transport my mare and/or foal for reproductive veterinary services with Outback Stallion Station and Equine Reproduction Center in Caldwell, Idaho.
Client acknowledges that handling, boarding and breeding large animals necessarily involves a certain amount of risk to the animal. By signing below, Client accepts all risks associated with the services to be provided by Lazy Three Bar Ranch hereunder, including without limitation, responsibility for any injuries, damages or death which may result from boarding, breeding, and/or transporting your mare and/or foal. Client further waives and agrees not to bring any claims against Lazy Three Bar Ranch, and or its owners, agents, members, employees, and/or insurers for any such injury, damage or death that may arise as a result of the services provided by Lazy Three Bar Ranch hereunder.

VETERINARY EMERGENICES: In the event your mare and/or foal becomes ill, or is injured, we will make

Client/Agent Signature:______Date:_____