

Waldorf Farm GPS Address
89 Waldorf Road
Valatie NY 12184



Farm: (518)-766-9400
Office: (518)-766-7472
Fax: (518)-766-7080
EMC2017@aol.com

2025 BREEDING SHED FORM

This form must be completed, signed, and returned to Waldorf Farm before the mare is covered.

STALLION: _____ Date of breeding: _____

MARE: _____ AGE: _____ COLOR: _____ Time of Breeding: _____

Status: () Maiden () Barren () Foaling Covering Sire in 2024: _____ LCD: _____

Boarding Farm: _____ Telephone: _____

Veterinarian _____ Telephone: _____

All paperwork must be faxed or emailed prior to your breeding appointment. No visitors of any kind are allowed into the barn; please stay with your vehicle. Our staff will load/unload your mare and will disinfect the latch surfaces after loading. Only the mare being bred should be on the trailer (no foals to accompany the mare). **All mares must be vaccinated for Equine Herpes Virus Type-1 (i.e. Rhinomune, Pneumabort-K, etc.) between 7-90 days of being covered by a Stallion. **

Date of Vaccination: _____ Type of Vaccination: _____

Administered By: _____

Do you give permission to tranquilize mare if necessary? () Yes () No

Any characteristics we should be aware of? _____

PLEASE CHECK THE APPROPRIATE CATEGORY FOR MARE AND ATTACH NECESSARY PAPERS TO THIS FORM

1. MAIDEN and BARREN MARES (US and Canadian):

1st Trip: Shed Form, Negative Uterine Culture (within 60 days)

2nd Trip: Shed Form

3rd Trip and all subsequent trips: Shed Form, Negative Uterine Culture

****HIND SHOES REMOVED** **ALL MAIDENS MUST BE JUMPED PRIOR TO FIRST TRIP****

2. FOALING MARES:

1st Trip: Shed Form

2nd Trip and all subsequent trips: Shed Form, Negative Uterine Culture

3. DOUBLE:

Any mare returning for a second cover in the same heat cycle must be examined by your veterinarian on the day she is bred.

****ALL MARES MUST HAVE PROPER IDENTIFICATION (NECK STRAP OR HALTER WITH NAME) ****

Farm: _____ Telephone#: _____

Manager: _____ Cell# _____

Mailing Address:
Po box 959
north chatham, new york 12132