

# Stone Jug Ranch

Main Farm: 255 Stone Jug Rd. Lewisberry, PA 17339  
Office: 10 Big Oak Rd. Dillsburg, PA 17019  
Stallion Farm: 21 Big Oak Rd. Dillsburg, PA 17019

717-443-0618  
StoneJugRanch1@gmail.com

## BREEDING SHED FORM

THIS BREEDING SHED FORM MUST ACCOMPANY MARE EACH TIME SHE IS PRESENTED FOR BREEDING  
BOOKING HOURS: 7:30am – 3:30pm Monday-Friday ♦ 7:30am – 12:00 PM Saturday and Sunday  
PLEASE EMAIL ALL SHED PAPERWORK TO: StoneJugRanch1@gmail.com

DATE: \_\_\_\_\_ BREEDING SESSION (A.M. or P.M.): \_\_\_\_\_

STALLION: \_\_\_\_\_

MARE: \_\_\_\_\_ AGE/COLOR: \_\_\_\_\_

PLEASE CHECK BEGINNING STATUS: ( ) FOALING ( ) BARREN ( ) MAIDEN ( ) IMPORTED FOR 2024 SEASON

- ALL MARES MUST ARRIVE WITH PROPER IDENTIFICATION (HALTER NAMEPLATE OR NECK STRAP WITH NAME) IN ORDER TO BE BRED. STONE JUG RANCH WILL NOT PROVIDE ID MATERIALS.
- All cultures must be over 48 hours old, but less than 30 days old. Cultures must be taken from current heat cycle.
- Hind shoes need to be removed before coming to the shed or mare will be sent home.

All Mares visiting the breeding shed must be vaccinated for Equine Herpes Virus Type 1 (i.e. Rhinomune/ Pneumabort-K)  
Date of Vaccination \_\_\_\_\_ Type of Vaccination \_\_\_\_\_

Please CIRCLE the appropriate requirements for this trip and attach the required documents. THE MARE WILL NOT BE BRED WITHOUT THESE DOCUMENTS.

	1ST TRIP	2ND TRIP	3RD TRIP	4TH TRIP & ETC.	DOUBLE
DOMESTIC MAIDEN:	Shed Form Uterine Culture Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC BARREN:	Shed Form Uterine Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
DOMESTIC FOALING:	Shed Form Foaling Date: _____	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED MAIDEN:	Shed Form Uterine Culture *2 CEM Cultures *1 set to include an Endometrium Swab Jumped	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED BARREN:	Shed Form Uterine Culture Quarantine Release Endometrium CEM Culture	Shed Form	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form
IMPORTED FOALING:	Shed Form Quarantine Release Endometrium CEM Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form Uterine Culture	Shed Form

DO WE HAVE PERMISSION TO TRANQUILIZE THIS MARE IF NECESSARY? CHECK ONE: YES \_\_\_\_\_ NO \_\_\_\_\_

\*\* Please tell us if this mare has any characteristics or conditions that our breeding shed needs to be aware of (for example, difficult to handle, sight impairments, etc.): \_\_\_\_\_

Farm: \_\_\_\_\_ Farm Manager or Person Completing this Form: \_\_\_\_\_

Farm Office Telephone: \_\_\_\_\_ Cell Phone or Pager: \_\_\_\_\_

Name of Farm Veterinarian: \_\_\_\_\_ Veterinarian's Phone: \_\_\_\_\_