



1089 Nesbitt Road Colora, MD 21917

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 info@hilltopfarminc.com www.hilltopfarminc.com

MARE BREEDING PASSPORT

To be completed & returned when mare is bred in order for Hilltop Farm to issue a Breeding Certificate.

MARE OWNER: _____

STALLION BEING BRED TO: _____

MARE INFORMATION								
Mare's Registered Name:						Mare's Barn Name:		
Age:		Height:		Breed:		Registration #:		

I, the undersigned Veterinarian, duly licensed by the state of _____ do hereby attest that the following occurred: That at the following times and on the following days, I artificially inseminated the mare _____ with the semen of the stallion _____, and I personally verified the name of the stallion on the cooled semen paperwork or on the lot number on the straws of frozen semen. All inseminations were carried out in accordance with the standard veterinarian practices.

FURTHER, I hereby certify that no other mare was inseminated with the stallion semen designated for this mare and that any excess cooled semen hereto was promptly and properly destroyed.

FURTHER, I certify that I am not an agent for Hilltop Farm and that I will indemnify and hold harmless Hilltop Farm, Inc. from any claims arising from the negligent, improper or ineffective insemination by me.

(Lot # applies only to frozen semen)

Date Inseminated: _____ # of Doses Used: _____ Lot #: _____
 Date Inseminated: _____ # of Doses Used: _____ Lot #: _____
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 Date Inseminated: _____ # of Doses Used: _____ Lot #: _____
 Date Inseminated: _____ # of Doses Used: _____ Lot #: _____

WITNESS my hand executed this _____ day of _____ 20____.

Veterinarian's Signature

(Continued on Reverse)

I hereby examined the mare to which this passport pertains throughout her pregnancy and found her to be:

In Foal: ____ Not in Foal: ____ Date: _____ Veterinarian: _____

In Foal: ____ Not in Foal: ____ Date: _____ Veterinarian: _____

In Foal: ____ Not in Foal: ____ Date: _____ Veterinarian: _____

In Foal: ____ Not in Foal: ____ Date: _____ Veterinarian: _____

In Foal: ____ Not in Foal: ____ Date: _____ Veterinarian: _____

In order to settle your mare as efficiency as possible, it is in your best interest to have frequent pregnancy checks done on your mare. The following schedule will help prevent cases of twins, misdiagnosed pregnancies, or lost time in the breeding season.

1st Check (Required): 14-16 days post ovulation - optimum time for vet to pinch off a twin if more than a single ovulation is noted.

2nd Check (Recommended): 28 days post ovulation - to confirm a viable pregnancy as the heartbeat normally appears by day 25.

3rd Check (Recommended): 35-40 days post ovulation - to confirm maintained pregnancy prior to endometrial cup formation.

4th Check (Required): 55-60 days post ovulation - final confirmation of pregnancy in its critical first trimester.

You will not be issued a Breeding Certificate, be eligible to register your foal, or be eligible for a return season until Hilltop Farm receives this document certifying that your mare is either in foal or not in foal. *Fax or electronic copies are also accepted.*

Thank You!

**RETURN TO:
HILLTOP FARM, INC.
1089 NESBITT ROAD
COLORA, MD 21917
Fax: 410-658-9228
Email: Brittany@hilltopfarminc.com**