

**Please complete and fax this form to Bailey Farm 513-735-0645. Or mail to PO Box 97, Batavia, OH 45103-0097. For questions, call 513-659-1659.**

Mare Name: \_\_\_\_\_

Mare is Embryo Transfer Recipient: \_\_\_\_\_ Yes \_\_\_\_\_ No

Breeding Dates: \_\_\_\_\_ To \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_



Dear Veterinarian:

You recently provided care for a mare bred to One Hot Krymsun and/or for a foal by One Hot Krymsun, for whom we provide a Live Foal Guarantee (LFG). The owner of that mare has stated that the mating of One Hot Krymsun to the mare named below did not produce a live foal. He/she has agreed to allow you to release information regarding the circumstances leading to the loss of the foal prior to or during birth as evidenced by the mare owner's signature below. If there are any questions regarding this release, please contact the mare owner via the phone number shown above.

Time is of the essence in this matter. Failure to produce your statement in a timely way could jeopardize the mare owner's right to a rebreed.

Thank you in advance for your time and effort to provide this information.

Sincerely,  
Bailey Farm

**Live Foal Guarantee.** According to our contract, the term "Live Foal" means that one foal resulting from the mating stands alone, nurses and lives for twenty-four (24) hours.

1. Please check the best description(s) of the particulars which substantiate the failure of the mare to produce a live foal.

- Mare did not conceive (skip to #6)
- Mare aborted prior to 120 days gestation (skip to #5)
- Mare aborted after 120 gestation
- Mare delivered prematurely at \_\_\_\_\_ days
- Other \_\_\_\_\_

2. Foal situation (Please check all that apply)

- Foal was stillborn
- Foal did not stand and nurse
- Foal did not live for 24 hours
- Foal died or was put down after 24 hours
- Other \_\_\_\_\_

3. Was the foaling attended?  Yes by a Veterinarian  Yes by a non-veterinarian  No  Unsure

4. Please verify the following vaccinations were administered to the mare. Date Administered

Pneumabort-K or similar EHV-1 5 month \_\_\_\_\_

Pneumabort-K or similar EHV-1 7 month \_\_\_\_\_

Pneumabort-K or similar EHV-1 9 month \_\_\_\_\_

I have no knowledge of the vaccines that may have been administered to this mare.

5. Did the mare require supplemental progesterone to hold pregnancy?  Yes  No  Unsure

6. Please provide any other medical information as to the reason mare did not conceive or produce a live foal. Feel free to attach another page.

\_\_\_\_\_  
Printed Name of Veterinarian

\_\_\_\_\_  
I Agree to release all records to Stallion Owner or Agent.

\_\_\_\_\_  
Signature Veterinarian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mare Owner

\_\_\_\_\_  
Date