Number/ID:									Lord Date Brook							Stallion to be Bred to:															
In Foal To:							Last Date Bred:						Foaling Due Date:						Date of Foaling:					_							
Month/Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January																															
February																															
March																															
April																															
May																															
June																															
July																															
August																															
September																															
October																															
November																															
December																															
B = Breeding	Date		F = Fo	aling	Date																				C = (	Cervic	al Grad	de: A =	Excel	llent	

US + = Ultrasound US -- = Ultrasound

C = Uterine Culture

~S~ = Castlick/Sutured

Examined for Pregnancy: \_\_\_

45/--- = 45 mm Follicle on Left Ovary

E> = Coming Edema E = Normal Edema E+ = Heavy Edema <E = Regressing Edema
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---/45 = 45 mm Follicle on Right Ovary

Arrival:		Condition:	Shipper:_		Departure:	Condit	ion: Sh	iipper:			
				Bred To:		Stallion Standing At:					
		_	Sire				Owner:				
Name	e of Mare			Grand Si	re		Address:	dress:			
			)am								
				Grand Da							
Number/ID:		Tattoo #: _		Color:	_ Date of	Birth:	e-mail:				
In Foal To:			Due to Foal:	Foaling Da	te:	± Due Date:	Color:	Sex:			
Labor:	Foale	d: Bi	rth Temperature:	+4hrs:	Birth Heart Rate:	+4 hrs:	Birth Respiration:	+4 hrs:			
Stood:	Nurs	sed:	Cleaned:	Placenta Weight:	Col	ustrum Weight:	lgG:	CBC:			
Foal Weigh	t:	Foal Markings:			Conf	ormation:	Tagged:	Branded:			
				General	Information						
Date			Remarks		Date		Remarks				
Date			Biopsies		Date		Cultures				
				© Exodus Bre	eeders 1998 - 2009						