

Number/ID: _____ Name of Mare: _____ Stallion to be Bred to: _____ 20__

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 = Foaling Date** **C = Cervical Grade: A = Excellent**
US + = Ultrasound **C = Uterine Culture** **45/-- = 45 mm Follicle on Left Ovary**
US -- = Ultrasound **-S- = Castlick/Sutured** **E+ = Coming Edema** **E = Normal Edema** **E+ = Heavy Edema** **<E = Regressing Edema** **--/45 = 45 mm Follicle on Right Ovary**

