38262 Range Rd 13
Red Deer County, AB T4E 0J9
Ph (403)341-3875
Email: heidevet@hotmail.ca

Mare Arrival Form 2026

****PLEASE FILL IN ALL BLANKS- Fill out for each mare including recipient.**

Owner: _____Phone Number:_____

Mare Registered Name: _____Barn Name:_____

Breed:_____ Age:_____ Color:_____

****DOES THIS MARE HAVE A CASLICKS?** Yes/No (circle one)

Circle one: Maiden Barren Last Bred Foal at Side Aborted

(Date Aborted)

Stallion to be bred to:_____

Semen Type: Fresh_____ Frozen: ____ (check one)

Stallion Farm & Phone #:_____

Shipping Days:_____

Is this an Embryo Transfer: Yes/No (circle one)

Is this an ICSI: Yes/No (circle one)

Preferred payment method: Debit Cheque MC Visa Cash E-transfer (circle one)

**** Please Note:** Credit Card MUST be on file before services rendered, please call the office at 403-341-3875 or email us at heidevet@hotmail.ca

CC# _____ _____ _____ _____ exp ____/_____ v code: __ __ __

Signature_____

Notes: