



**JAMAICA RACING COMMISSION
STUD FARM REPORT**

YEAR:

NAME OF FARM:

ADDRESS:

TELEPHONE #:

NAME OF OWNER:

NAME OF FARM MANAGER:

NOTE: THIS FORM MUST BE COMPLETED AND RETURNED BY 30TH SEPTEMBER EACH YEAR

RESIDENT STALLIONS:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

VISITING STALLION/s (Indicate period of visit)

- | | | | |
|---|-------------|--|-----------|
| 1 | From | | to |
| 2 | From | | to |

RESIDENT MARES IN FOAL

	NAME OF MARE	BRED TO	FIRST SERVICE DATE	LAST SERVICE DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

RESIDENT MARES IN FOAL (contd.)

	NAME OF MARE	BRED TO	FIRST SERVICE DATE	LAST SERVICE DATE
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
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41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				

Name of Farm:

RESIDENT MARE/S TESTED BARREN

	NAME OF MARE	BRED TO	FIRST SERVICE DATE	LAST SERVICE DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

RESIDENT MARE/S NOT BRED**NAME/S OF MARE/S**

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Name of Farm:

VISITING MARES IN FOAL

	NAME OF MARE	BRED TO	FIRST SERVICE DATE	LAST SERVICE DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				

Name of Farm:

VISITING MARES IN FOAL (CONTD.)

	NAME OF MARE	BRED TO	FIRST SERVICE DATE	LAST SERVICE DATE
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				

VISITING MARES TESTED BARREN

	NAME OF MARE	BRED TO	FIRST SERVICE DATE	LAST SERVICE DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Name of Farm:

VISITING MARES NOT BRED**NAME OF MARE/S**

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
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23	
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28	
29	
30	
31	
32	
33	

Name of Farm:

FOALS OF:

LIVE FOALS AS AT THE COMPLETION OF THIS FORM

	DATE OF BIRTH	COLOUR & SEX	SIRE	DAM
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
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18				
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22				
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24				
25				
26				
27				
28				
29				
30				
31				
32				

Name of Farm:

SLIPPED (ABORTED) FOAL/S AND FOAL/S BORN DEAD**NB: CLEARLY INDICATE PEDIGREE (COLOUR AND SEX IF POSSIBLE)**

	SIRE	DAM	Colour & Sex	COMMENTS (indicate slipped or born dead)	Date of Death
1					
2					
3					
4					
5					
6					

FOALS THAT DIED BEFORE REGISTRATION WITH THE COMMISSION

	Date of Birth	Colour & Sex	SIRE	DAM	Date of Death
1					
2					
3					
4					
5					
6					

SIRE(s) / DAM(s) THAT DIED THROUGHOUT THE PERIOD

	NAME	DATE of DEATH	CAUSE OF DEATH
1			
2			
3			
4			
5			

I further certify that all matings were natural, and did not involve the processes of Artificial Insemination (A.I.), Embryo Transfer or Transplant (E.T.), Cloning, or any other form of genetic manipulation.

Number of:			
Employees:	Accounting staff:-	Grooms/Handlers:	Blacksmiths/Farriers:-
Size of the farm:-	Area under fodder:-	Area under grazing:-	Number of horses on the farm

Vet's Information	
NAME	
ADDRESS	
TELEPHONE #	

Hygiene Information

	Yes	No
Do stray dogs have access to the farm?		
Is there an adequate system for the controlling of rodents on the farm?		
Is there any horse on the farm suffering from lameness owing to improper or incorrect shoeing?		
Is there any horse on the farm suffering from lameness owing to fungal infection?		
Have you had any training workshop or seminar with resident or visiting groom in this reporting year		
Have you had any training workshops or seminars with resident or visiting farrier in this reporting year?		
Is there a stable hygiene management system in place for horses on the farm?		
If "yes" to question 7, did you help to design the stable hygiene management system?		
Is there a pasture hygiene management system in place for horses in place on the farm?		
If yes to question 9, did you help to design the pasture hygiene management system?		
Is there a "Off -Pasture" manure disposal system in place?		
Is there a written and followed nutritional regime in place for each horse?		
If yes to question "14", did you help in designing and managing the regime?		
Are donkeys or ruminants of any kind kept in close proximity to the pasture or stables used by the horses?		
Is there any horse on the farm with open untreated wounds or cuts?		
Are there any horses suffering from injuries resulting from deliberately inflicted trauma?		

1. The grooming service offered to horses is: - up to below above
acceptable standards
2. From observation is the farrier service to horses: - up to below above
acceptable standards
3. How frequently are horses examined for insect/ internal parasites /fungal infections?
4. Please identify any areas targeted for improvement in the next reporting year:

5. Comments by Farm Manager (if any):-

NAME OF FARM PERSONNEL

POSITION

SIGNATURE

DATE

**JAMAICA RACING COMMISSION
MAY 15, 2008**