



JEFFREY & LEE ANN HALL
 3988 WIDE BAY HWY
 KILKIVAN QLD 4600
 Ph 0437 044116 / 0412 136096

STALLION ADMISSION FORM

HORSES REGISTERED NAME: _____ **STABLE NAME** _____

BREED _____ **REGN #** _____ **DOB** _____

COLOUR _____ **BRANDS** _____ **M/CHIP #** _____

ORIGINATING PIC # _____ **INSURANCE COMPANY IF INSURED** _____

I (insert name of stallion owner/agent*) authorise EquiNetics to carry out semen collection procedure on the above described horse. As the owner / agent I authorise the procedure, I confirm that I have the express authority to authorise the above Procedure.

I confirm that the above business has advised me of the possible risks and complications of the Procedure. I am aware that Jeffrey & Lee Ann Hall are not qualified veterinarians.

I acknowledge that I have read the above and understood the nature and consequences of the Procedure. I understand that the Procedure may involve some risk and I give my consent for the Procedure to be performed.

I undertake to pay all costs incurred in the care of the stallion as well those associated with agistment and assume all risk and liability. I have been provided with the list of fees.

Special requirements / Equipment left with stallion

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Has this stallion been collected before – YES / NO

- If YES – by which method/s –
1. Off a Mare
 2. Off a Dummy (was a mare required to be present? – Yes / No)
 3. Ground Collect (was a mare required to be present? – Yes / No)

Are you aware which extenders have been used previously ?

Semen to be frozen YES / NO If Yes, is the frozen semen to be stored at EquiNetics YES / NO If NO name & address semen to be shipped to at conclusion of collection period

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All horses must be vaccinated against Strangles. Although we do accept horses that are not **Hendra** vaccinated, it is our vets policy not to treat unvaccinated horses in some circumstances. By signing this form you are acknowledging this policy and that your horse may go untreated for certain conditions if our veterinarian refuses. You assume risk and responsibility.

VACCINATION RECORD – TETANUS / STRANGLES Date **HENDRA** Date

EHV 1, 4 Date **OTHER** Date.....

WORMING – PRODUCT **DATE**

Special requirements / Equipment left with stallion

Signature of Owner/Agent **Date:**

Address **P/Code**

Phone **Email**