



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

MARE ADMISSION FORM

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

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

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

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

STATUS – PLEASE INDICATE – MAIDEN / IN FOAL / EMPTY / FOAL AT FOOT – FOALS NAME _____

I (insert name of mare owner/agent*) authorise EquiNetics to carry out ARTIFICIAL INSEMINATION procedure on the above mare using **fresh / chilled / frozen** semen from the Stallion named(insert stallion name)

Stallion owner / agent contact details if not at EquiNetics - Name:.....
 Ph:.....Email:.....

If an agent of the owner, I confirm that I have the express authority of the owner to authorise the Procedure/s

I am aware that rectal ultrasound procedures will be carried out on my mare by EquiNetics and that there are risks involved in this procedure. I am aware that the procedures involved in the preparation, ultra sound scanning, insemination and post insemination procedures are carried out by Jeffrey & Lee Ann Hall and that neither are qualified veterinarians. I have received the information on rectal scanning and twinning.

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 understand that it may take more than one cycle for a mare to conceive, particularly with frozen semen, and that some mares will not conceive at all. I undertake to pay all costs incurred in undertaking this Procedure including those associated with agistment and assume all risk and liability and understand that all costs must be paid in full prior to the mare being released.

Please circle as appropriate - The mare has / has not been rectally scanned before.

The board that I would prefer for the mare is Private Small Group

I wish to be charged at Per cycle fee or Standard Fees as per fee listing

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 mare

Signature of Owner/Agent **Date:**

Invoicing to: Name**ABN (if applicable)**.....

Address **P/Code**

Phone **Email**