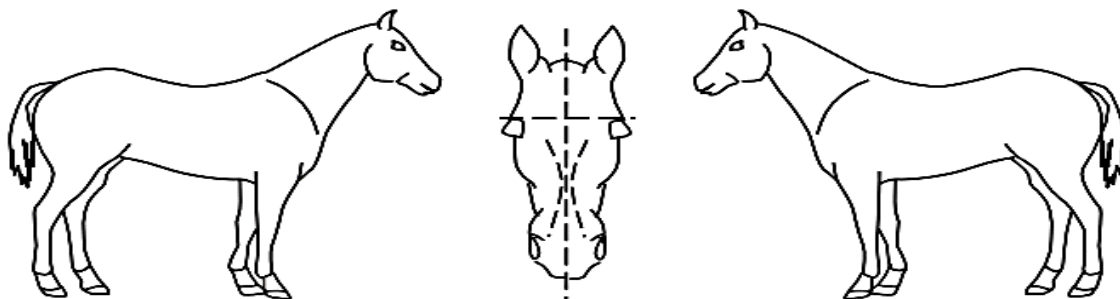


MARE REPRODUCTION ADMISION FORM

Horse Name: _____ Breed: _____ Weight: _____



Age: _____ Sex: _____ Brands: NS: _____ OS: _____ Microchip #: _____

Owner/Agent: _____

Address: _____

Mobile: _____ Home Phone: _____ Email: _____

For emergencies, please provide a secondary contact - Name: _____ Phone: _____

MEDICAL HISTORY

Date of last tetanus vaccination: _____ (if unknown or over 12mths horse will be vaccinated on arrival)

Is Hendra vaccination current? ☐ Yes / ☐ No (if yes, date of last vaccination: _____)

Date of last worming: _____ (If unknown or over 8 weeks horse will be wormed on arrival)

Dental required? ☐ Yes / ☐ No

Farrier attendance required ☐ Yes / ☐ No Last farrier visit/special requirements: _____

Is your horse insured? ☐ Yes / ☐ No

If yes what agency: _____ Contact: _____

MARE HISTORY

☐ Maiden

☐ Previously Foaled

☐ Foal at Foot

Date of Last Foaling: _____ Complications: _____

Abortion/Early Pregnancy Losses: _____

Previous Breeding Attempts: _____ Successful: ☐ Yes / ☐ No

Previous Breeding Treatments: _____

History of allergies/adverse reactions: _____

Any handling or behavioural problems: _____

Rugs and gear left with the horse: _____

****Please ensure all items are clearly labelled with your horse's name.**

MRVS takes no responsibility for items left with horse and offers no guarantee it will be returned or in good condition when returned

AGISTMENT

☐ Breeding only ☐ Until 14d scan ☐ Until 45d scan ☐ Other, please specify: _____

INSEMINATION

Artificial Insemination: ☐ Chilled Semen ☐ Frozen Semen ☐ Fresh Semen ☐ Embryo Transfer

Stallion to be used _____

Stallion Contact Details _____

Consent to my horse being featured on MRVS social media accounts: ☐ YES ☐ NO

(Please note: Client and horse information will be kept confidential)

Dr Angela Sutherland DVM & Associates

221 Talafa Road, Emerald QLD 4720

Phone: 07 4982 2552

admin@maraboonruralvetservices.com.au

www.maraboonruralvetservices.com.au

AUTHORISATION

I (☐ owner / ☐ agent) authorise Maraboon Rural Veterinary Services to perform procedures and treatments associated with artificial insemination on the above-described horse. I acknowledge that no procedure is without some risk to the animal. I accept all potential risks including any complications that may develop as a result of this procedure and accept that such complications may incur additional fees. I acknowledge that by signing this form I am aware of the potential complications of this procedure. I acknowledge that post-operative care may be required and will be undertaken as deemed necessary by the attending veterinarian. I understand that any additional costs incurred as a result are payable upon discharge. I understand that unforeseen circumstances may arise either as a result of reproductive procedures, hospitalisation or surgery and I agree to indemnify Maraboon Rural Vet Services from and against any such liability.

If an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure.

I agree that all costs incurred while my horse is hospitalised are payable UPON DISCHARGE and that failure to pay the costs in full can result in MRVS holding my horse at EXTRA COST until such time as all fees are paid. The onus is on me to remain informed as to the current balance of my account. I acknowledge that all treatment conducted by MRVS is subject to their Terms and Conditions, and by executing this form I agree to be bound by those Terms and Conditions.

If I have a mare for breeding, she will be placed in the crush and be examined internally, causing a small but finite risk of injury, infertility or death. Maraboon Rural Veterinary Services will take all due care and provide attention and service to your horse while at the centre. However, problems such as sickness, injuries and lameness may occur. In the event that you cannot be contacted regarding treatment or unforeseen problems, Maraboon Rural Veterinary Services will treat as necessary. I acknowledge that I am responsible for additional costs that may occur as a result.

Positive results cannot be guaranteed. Maraboon Rural Veterinary Services accept no responsibility for the quality of semen, or its disease or genetic status. Reproductive hormones, sedatives and relaxants will be used at our discretion, at the owner's expense.

I understand that there are risks of injury associated with agisting a horse on another property. I understand that Maraboon Rural Veterinary Services have inspected the property and have found it suitable for the intended use. I understand that adverse weather events or unfamiliar people and surroundings may affect the horse and are fully prepared to accept those hazards at one's own risk.

I agree that reproductive costs incur a 50% deposit at the time of admission to Maraboon Rural Veterinary Services. I am aware that the balance is payable UPON DISCHARGE along with any other charges incurred throughout the duration of my mares' stay at Maraboon Rural Veterinary Services. Failure to pay the costs in full can result in Maraboon Rural Veterinary Services holding my horse at EXTRA COST until such time as all fees are paid. The onus is on me to remain informed of the current balance of my account.

Printed name of owner/agent _____ Date: _____

Signature of owner/agent _____

Witness _____

PAYMENT DETAILS

Credit Card details for Payment:

Name on card: _____

Card Number: _____

Expiry Date: ____/____/____ CCV: ____

Card holder signature: _____

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