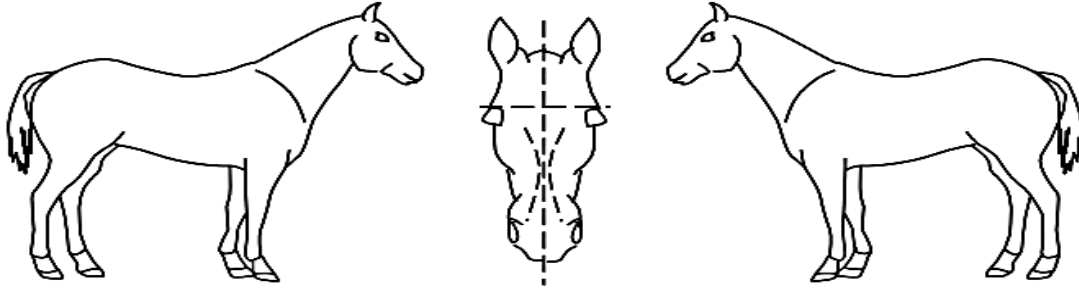


**MARE REPRODUCTION ADMISION FORM**

Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Colour: \_\_\_\_\_



DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Brands NS: \_\_\_\_\_ OS: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Owner/Agent First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For emergencies, please provide a secondary contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL HISTORY**

Date of last 2 in 1 (tetanus and strangles) vaccination: \_\_\_\_\_

(if unknown or over 12mths horse will be vaccinated on arrival)

Date of last Hendra 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: \_\_\_\_\_

*NB: Please note that any additional products or services (such as a farrier) required to meet our breeding standards at MRVS will be authorised at the vets discretion, using our preferred suppliers and at the cost of the mare's owner.*

**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     Not Applicable

**Stallion Name:** \_\_\_\_\_

Standing Location: \_\_\_\_\_

Stallion Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Consent to my horse being featured on MRVS social media accounts:**     Yes /     No

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

#### 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 MRVS may employ additional products and services to meet breeding standards and will be authorised at the vet's discretion, using preferred suppliers of MRVS. 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.

I understand that if a mare loses condition while staying at MRVS, an MRVS representative will notify me as soon as possible. I understand that the veterinarian may suggest to increase feeding (which will be charged to me at an additional cost). If MRVS cannot get a hold of me after 48 hours, an MRVS veterinarian will approve the extra feeding at their discretion and I will be liable for all additional fees associated. Additional feeding may include hard feed and / or extra hay.

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.



*"Central Queensland's Rural  
Veterinary Professionals"*

07 4982 2552

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 deposit (\$500 for AI or \$2000 for Embryo transfer) at the time of admission to Maraboon Rural Veterinary Services. I am aware that MRVS will send accounts for equine reproduction on a weekly basis (including agistment) and it is my responsibility to ensure that all accounts are paid within 5 days (unless pre-approved for an account) of receiving the invoice. I understand that if I fail to pay the weekly invoices, all breeding services may be halted or cancelled. 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

Amount: \$500 for Artificial Insemination (Fresh, Frozen or Chilled) or \$2000 for Embryo Transfers

Direct Debit details for Payment: Account Name - Maraboon Rural Vet BSB - 064 704 Account Number - 1045 4538

Reference: Your full name followed by deposit (e.g. Jane Smith deposit)

ALTERNATIVELY - Call us on 07 4982 2552 to pay via credit card over the phone OR visit our clinic on 61 Hospital Road to pay in cash

*Dr Angela Sutherland<sup>DVM</sup> & Associates*

221 Talafa Road, Emerald QLD 4720

Phone: 07 4982 2552

admin@maraboonruralvetservices.com.au

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