

STALLION ADMISSION FORM

STALLION NAME: _____ **Weight:** _____
Breed: _____ **DOB:** _____ **Brands:** L _____ R _____
Colour: _____ **Registered with:** _____ **Registration Number:** _____
Microchip Number: _____ **Discipline:** _____
Insured: ☐ Yes ☐ No - **Insurance Co:** _____ **Contact Number:** _____

All stallions will be lead with a chain while staying at MRVS. Please ensure your stallion has been trained/mouthed with a bit prior to arrival.

CLIENT INFORMATION

Name: _____ **Phone:** _____
Address: _____ **Town:** _____
P/C: _____ **State:** _____ **E-Mail:** _____
For emergencies, please provide a secondary contact:
Name: _____ **Phone:** _____
E-Mail: _____

REASON FOR ADMITTANCE

☐ Fertility Evaluation ☐ Training to Phantom ☐ Fresh/Chilled Semen ☐ Frozen Semen

FROZEN SEMEN DETAILS

Stallion's name as it should appear on straw: _____
Stallion's breed as it should appear on straw: _____
Number of doses required: _____

BREEDING/MEDICAL HISTORY

☐ Hand served ☐ Paddock served ☐ Trained to Phantom ☐ Never bred
Last Drenched: _____ **Last Trim:** _____
Pre-existing Conditions/ Injuries: _____
Unusual Behavioural Habits: _____
Equipment left with horse (e.g. rug, halter) _____

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

MRVS suggests that head collars and rugs are not left with the horse. If you choose to leave rugs with your horse, MRVS will not be held responsible for any loss/damage of rugs and/or head collars.

Consent to my horse being featured on MRVS social media accounts:

☐ YES ☐ NO

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

Stallions deemed dangerous or unmanageable will be sent home.

A deposit of \$5000 is required before work can commence on your stallion. If the work does not reach this amount, then the remaining monies will be refunded. Costs over the deposit amount will be paid in full before the stallion leaves MRVS. Please note agistment fees are charged at \$55 per day. Stallions are housed in individual yards. 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. By signing below, the Client acknowledges and agrees to the terms set out by Maraboon Rural Veterinary Services above.

Dr Angela Sutherland DVM & Associates

221 Talafa Road, Emerald QLD 4720

Phone: 07 4982 2552

www.maraboonruralvetservices.com.au

admin@maraboonruralvetservices.com.au

AUTHORISATION

I _____ (insert name) (☐ owner / ☐ agent) authorise Maraboon Rural Veterinary Services to perform procedures and treatments associated with artificial insemination and semen collection 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 owners 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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