

Admittance Form – Breeding (Stallion)

OWNER INFORMATION:

DATE: ____ / ____ /20__

Name: _____ Phone (H) _____

Address: _____ (M) _____

_____ (W) _____

Email: _____ Alt ph _____

HORSE INFORMATION:

Name: _____ Breed: _____ Age: _____ Colour: _____

Insured? YES / NO *Note: if insured, please check your obligations with regards to notifying your insurer of veterinary work*

Behavioural difficulties YES / NO Please specify: (eg use rearing bit when handling) _____

Known drug allergies YES / NO Please specify: _____

Pre-existing medical conditions on arrival (eg. Lameness/injuries): _____

Tetanus vacc: YES / NO Date: _____ Hendra Vacc YES / NO Date: _____

BREEDING INFORMATION:

Procedure: Collect to chill (please ensure semen request form as been filled out)

Collect to Freeze - Number of doses required: _____ or collections _____

"Flush-out" collection Collect for semen evaluation

Length of stay: Day Stay Overnight stay - # nights likely to stay _____

Current breeding status/history (first collection for season/ split collection etc): _____

HEVC suggests that head collars and rugs are NOT left with the horse.

Rugs (description) _____ Head collar (description): _____

Stallion handler: Owner Clinic Staff Clinic to arrange professional handler *

* HEVC reserve the right to employ the services of an experienced stallion handler at the cost of the owner if deemed necessary

Office Use:

PLEASE SEE OVER PAGE

→ Client Number: _____ Date Admitted: _____ Admitted by: _____

Date Discharged: _____ Discharged by: _____

BREEDING COST ESTIMATION:

Current semen collection/freeze/evaluation cost sheets are available at the front office. Stallion agistment in a stable is \$92/night.

Please tick here to acknowledge that you are aware of and agree to the semen collection/evaluation costs.

Has a semen request form been filled out? YES / NO / NA

PAYMENT ARRANGEMENTS:

Payment of collection will be made by mare owner: Name: _____

Please charge to my pre-existing 30 day account

Account Name: _____ Account Address: _____

Full payment will be made when horse is collected

I would like to get pre-approval with "vet pay" for the estimated costs (please see office staff for further details)

RISKS OF COLLECTING STALLIONS:

- Stallion semen fertility cannot be guaranteed. All stallions have individual semen quality which can change from one collection to the next, season to season.
- The stallion will be collected over the artificial dummy or a suitably sedated jump mare. Despite all care taken by HEVC & the staff, there is an inherent risk of injury to the stallion during any collection.
- There is a risk of injury to all those involved in collecting a stallion. If the owner wishes to handle their own stallion, they must be confident in collecting and are aware of the risk of injury to themselves.
- HEVC reserve the right to employ the services of an experienced stallion handler at the cost of the owner if deemed necessary.

CONSENT TO PERFORM VETERINARY PROCEDURES:

I, _____(name) of _____(suburb)

Being the owner/lessee of _____(animals name), or an authorised agent of the owner (over the age of 18), hereby authorise Hawkesbury Equine Veterinary Surgeons to perform the aforementioned breeding procedures on the said horse. In understand the risks inherent to collecting stallions and in consideration of the said Veterinary Surgeon/s providing the requisite treatment, I hereby agree to pay HEVC the prescribed fees, and I further agree to indemnify HEVC, their veterinary clinicians, nurses and all staff, from any loss or liability which may incur as a result of any inaccuracy whether intended or otherwise, in this my declaration.

Signed: _____

Date: _____

Witness: _____

Witness Name: _____