

## 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: \_\_\_\_\_