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## Admittance Form – Breeding (Mare)

**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/handling difficulties YES / NO** Please specify: (eg sedate to put in crush) \_\_\_\_\_

**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:**

**Status:**  Empty  Foal at foot  Maiden  
**Procedure:**  Chilled artificial AI  Frozen AI  Embryo transfer  
 Embryo vitrification  Fertility Evaluation  Natural service

**Stallion Name:** \_\_\_\_\_ **Location of stallion/semen** \_\_\_\_\_

**Current breeding status/history** (eg given deslorelin at 8pm previous night etc): \_\_\_\_\_

**Has the mare been swabbed this cycle? YES / NO** Result: \_\_\_\_\_

**GEAR & EQUIPMENT: HEVC suggests that head collars and rugs are NOT left with the horse.**

Rugs (description) \_\_\_\_\_  Head collar (description): \_\_\_\_\_

**PREFERRED CARE:** (tick)      EMPTY MARE -      Stable (\$82/night)      Yard (\$40/night)  
                                          MARE & FOAL -      Stable (\$92/night)      Yard (\$44/night)

**Office Use:**

**PLEASE SEE OVER PAGE →**

Client Number: \_\_\_\_\_ Date Admitted: \_\_\_\_\_ Admitted by: \_\_\_\_\_

Date Discharged: \_\_\_\_\_ Discharged by: \_\_\_\_\_

**BREEDING COST OPTIONS:**

Have you been given an estimate of costs? Yes / No if yes \$ \_\_\_\_\_

If using frozen semen, mare's need to be inseminated within 6 hours of ovulation. Whilst the vets make all attempts to ensure your mare will ovulate throughout working hours, some mares will ovulate prematurely. For this reason, we recommend mares are scanned at 12 midnight and 6am prior to day they are due to ovulate. Due to the need for additional staff afterhours, overnight scanning does incur an additional fee.

Please indicate here if you do NOT wish to have your mare scanned after hours IF using frozen semen AI.

**PAYMENT OPTIONS:**

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 PERFORMING BREEDING PROCEDURES**

- Positive results cannot be guaranteed. Hawkesbury Equine Veterinary clinic can accept no responsibility for the quality of semen, or its disease or genetic status.
- The mare will be placed in a crush and be examined internally on multiple occasions, causing a small but finite risk of injury, infertility or death.
- Reproductive hormones, sedatives and relaxants will be used at our discretion, at owner's expense.

**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. I understand the risks inherent to any breeding examination performed on my mare 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: \_\_\_\_\_