

MARE BREEDING FORM 2020

EQUIVET BREEDING CENTRE REQUIRES 24 HOURS NOTICE PRIOR TO ARRIVAL

Please present to Office on arrival to complete Admission Documentation & Pay Non-Refundable Deposit

OWNER DETAILS

Owner/Agent:

Address:

.....

Phone Home: Work: Fax:

Mobile: Email:

(Please Circle)

You will be notified scan or flush results. Please circle your preferred contact method: Phone / Fax / SMS / Email

BIOSECURITY INFORMATION

This is to certify that the mare/s left the property of origin at

PIC NO: Property of Origin: **Destination:** 142 Jimna Springs Rd, Southbrook **QJD2302**

- Does the horse appear normal? Yes No
- Bat colonies have been observed on the property of origin & adjoining properties.
Never Rarely Often
- There have been no clinical cases of Hendra Virus Infection on this or adjoining properties
Ever The past 3 months 6 months 12 months
- Does the property of origin observe the recommended Bio-Security Measures? Yes No
- Have you carried out your responsibilities in regard to Tick Management Yes No

I/We (insert full Name/s).....

.....state:

I/We are the owner/s or acting agent for the owner/s, admitting horses to Equivet Breeding Centre. I/We authorize the staff of Equivet Breeding Centre, to engage in and carry out all services considered necessary for the successful treatment of our horse/s. Mares for breeding are placed in the stock & examined internally. This procedure carries a small risk of a rectal tear which can be life threatening. I/we acknowledge that by signing this document I/We are appointing Equivet Breeding Centre as duly authorized agents to carry out all necessary veterinary procedures as seen fit by the attending veterinarian. I/we are prepared to undertake & pay for a surgical procedure if required on my / our horse. I/We acknowledge that I/We will be billed directly for all of the work conducted at Equivet Breeding Centre. I / we agree to pay all charges according to the terms of Equivet Breeding Centre. This document is a good and valid authority to engage Equivet Breeding Centre.

Signature of Owner (or Approved Representative)

Contact Phone

.....

.....

Name (Printed)

Date

.....

.....

MARE DETAILS

If you have more than one mare, please make additional copies of page 2

Horse Registered Name:
Stable Name: DOB: Colour:
Breed: Breed Society Registration Number:
Microchip Number: Brands:
Existing Injuries / Medical Conditions:
Rugs/ Possessions Supplied:
Does the mare have a foal at foot? **No / Yes** DOB: Sex: Colour:

VETERINARY INFORMATION

Is your mare vaccinated for Hendra Virus? **Yes / No** Last Vaccination Date:
Last Vaccination Date for Tetanus / Strangles:
(If unknown or over 12 months, horse will be vaccinated on arrival at EBC)
Last Date of Worming: Product Used:
(If unknown or over 4 weeks, horse will be wormed on arrival at EBC)

A farrier will attend your horse as required while at the Equivet Breeding Centre
(Charges will be included on your monthly statement)

BREEDING HISTORY

Is your mare a maiden? **YES / NO** Has your mare been bred but never had a foal? **YES / NO**
OR Has had foals? How many?
When was the last foal?

SELECT PROCEDURE REQUIRED - (for information on the following procedures please visit our website)

Foaling Down: Last date of Service:
 Artificial Insemination: Semen Type: Fresh Chilled Frozen
 Embryo Transfer: Semen Type: Fresh Chilled Frozen
Number of ET flush attempts required:
Number of embryo's required:

CREDIT CARD DETAILS for chilled semen shipment: _____

Name on Card: **Exp:** ____ / ____ **CCV:** _____

STALLION DETAILS

Stallion 1 Name:
Stallion Owner/ Agent & Contact Details:
Stallion 2 Name:
Stallion Owner/ Agent & Contact Details:

AGISTMENT PREFERENCE

Paddock Individual Yard

EBC Use only

Arrival Date: Departure Date:
Weight on Arrival: Weight on Departure: PIC of Destination: