

## STALLION ADMISSION FORM 2018

**EQUIVET BREEDING CENTRE REQUIRES 24 HOURS NOTICE PRIOR TO ARRIVAL**

*Please present to the Office on arrival to complete Admission Documentation & Pay Deposit*

### OWNER DETAILS

Owner/Agent: .....

Address: .....

.....

Phone Home: ..... Work: ..... Fax: .....

Mobile: ..... Email: .....

Preferred Communication: Phone / Fax / SMS / Email  
(Please Circle)

### BIOSECURITY INFORMATION

This is to certify that the stallion 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 or 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

Due to animal welfare considerations plus Workplace Health & Safety regulations for staff it is recommended that horses be either Hendra vaccinated prior to arrival or commence vaccination upon arrival at Equivet Breeding Centre. Vaccination is compulsory at all veterinary referral facilities if this should become necessary.

### STALLION DETAILS

Horse Registered Name: .....

Stable Name: ..... DOB: ..... Colour: .....

Breed: ..... Breed Society Registration Number: .....

Microchip Number: ..... Brands: .....

Existing Injuries / Medical Conditions: .....

.....

**Rugs/ Possessions Supplied:** .....

Insurance: **YES** / **NO** (Insurance cover is recommended for your stallion)

**BREEDING HISTORY**

- Previously covered mares? YES / NO
- Previously been collected by AV? YES / NO
- Previously trained onto a stallion mount/ phantom? YES / NO
- What do you usually handle your stallion with? CHAIN / BIT / HALTER ONLY

**PROCEDURE REQUIRED**

- Standing at Equivet Breeding Centre for service to outside mares:
- Semen Collection for Shipment:
- Semen Collection for Freezing:  Number of foals / doses required: .....
- Semen Evaluation
- Jump Training

*A storage charge will be applied for semen stored at Equivet Breeding Centre - please contact the office for details*

**VETERINARY INFORMATION**

Has your stallion been vaccinated for Hendra Virus? 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 breeding centre  
*(Charges will be included on your monthly statement)*

Teeth Rasp Required: Yes  No

**A non-refundable deposit of \$750.00 is payable to Equivet Breeding Centre for Semen Freezing**

I/We (insert full Name/s) ..... state:  
I/We are the owner/s or acting agent for the owner/s, admitting this horse 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. I acknowledge that by signing this document I/We are appointing Equivet Breeding Centre as duly authorized agents to carry out all necessary veterinary work as described on the admission form or as seen fit by the attending veterinarian. I/We acknowledge that I/We will be billed directly for all of the work conducted at Equivet Breeding Centre. I 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** .....

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EBC Use only  
Arrival Date: ..... Weight on Arrival: .....  
Departure Date: ..... Weight on Departure: .....  
PIC of Destination: .....