

## MARE BREEDING FORM 2018

**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)*

Teeth Rasp Required: **YES / NO**

**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: .....

**If using chilled AI please provide the office with your credit card details to pay for the collection & freight as most breeding centres will not ship semen without pre-payment.**

**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: .....