

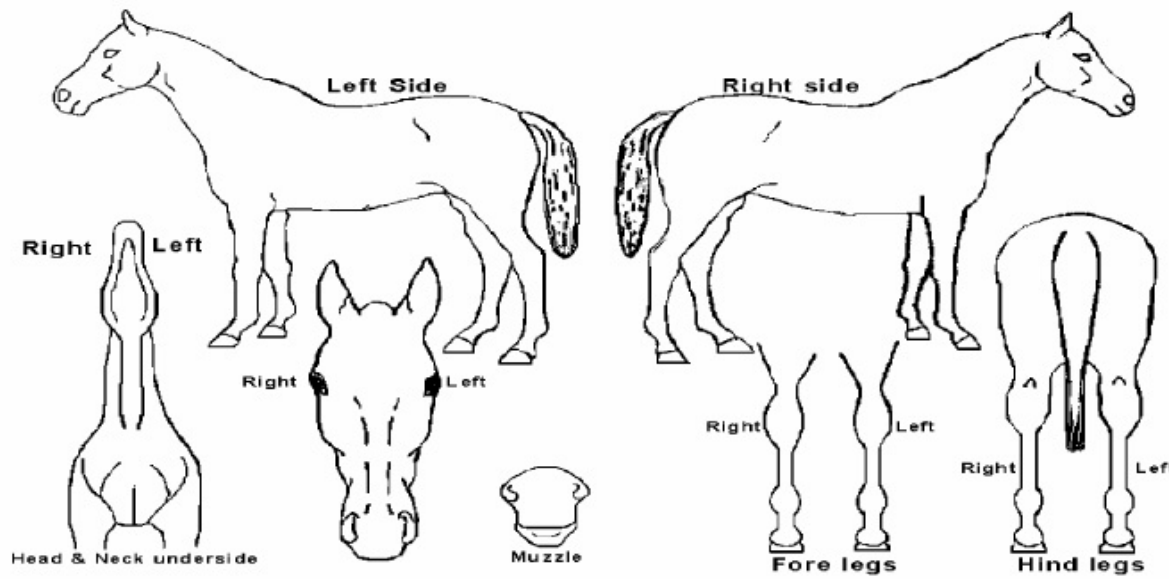
**WestVETS**  
**Equine Reproduction**  
**Centre**

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**EQUINE REPRODUCTION PROCEDURE ADMISSION AND CONSENT FORM**

Horse Name: \_\_\_\_\_ Colour: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Brands: NS: \_\_\_\_\_ OS: \_\_\_\_\_ Microchip # \_\_\_\_\_  
 Owner/Agent: \_\_\_\_\_ Address: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
 Other Ph: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of last tetanus/strangles vaccination: \_\_\_\_\_ (If unknown or over 12mths, horse will be vaccinated on arrival)  
 Is Hendra Vaccination Current? Yes / No (if Yes date of last vaccination \_\_\_\_\_)  
 Date of last worming: \_\_\_\_\_ (If unknown or over 4 weeks horse will be wormed on arrival)  
 Is Horse Insured? Yes / No Farrier attendance required: Yes / No Dental required: Yes / No

**Draw brands and markings, also mark whorls as X and scars as ↘**



**MARE HISTORY**

Maiden/Foal At Foot (circle one) Date of Last Foaling: \_\_\_\_\_ Complications: \_\_\_\_\_

Abortion/Early Pregnancy Loses: \_\_\_\_\_

Previous Breeding Attempts: \_\_\_\_\_

Previous Breeding Treatments: \_\_\_\_\_

**AGISTMENT:**    Single Paddock - Dry Mare     Wet Mare   
                           Group Paddock - Dry Mare     Wet Mare   
                           Stallion /Foaling Down

I .....(insert name of **owner/agent**) authorise WestVETS Animal Hospitals to perform procedures and treatments associated with (tick appropriate procedure)

**Artificial Insemination:** Fresh Semen  Chilled Semen  Frozen Semen   
**Embryo Transfer:** Fresh Semen  Frozen Semen

**Semen Collection:**  **Foaling Down**  **Adoption**  **Other** .....

on the above described horse. I understand that these procedures may involve the administration of reproductive hormones, sedatives and other therapeutic medications. If an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure.

If I have a mare for breeding, she will be placed in the crush and be examined internally, causing a small but finite risk of injury, infertility or death. WestVETS will take all due care and provide attention and service to your horse while at the centre. However problems such as sickness, injuries and lameness may occur. In the event that you cannot be contacted regarding treatment or unforeseen problems, WestVETS will treat as necessary. I acknowledge that I am responsible for additional costs that may occur as a result.

**I agree that all costs incurred while my horse is at WestVETS Reproduction Centre are payable UPON DISCHARGE and that failure to pay the costs in full can result in WestVETS Reproduction Centre holding my horse at EXTRA COST until such time as all fees are paid. The onus is on me to remain informed of the current balance of my account.**

**PAYMENT DETAILS**

\* Credit Card: Name on Card: \_\_\_\_\_ Card Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Expiry Date: \_\_\_\_ / \_\_\_\_ Visa / Mastercard Signature (of cardholder) \_\_\_\_\_

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_

Equipment left with horse (eg. Rug) \_\_\_\_\_

**STALLION DETAILS (SEMEN TO BE USED IN MARE – Fresh, chilled or Frozen)**

Stallion's Name: \_\_\_\_\_

**Chilled Semen**  (please tick one)

Stallion Owner/Stud: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Collection Details: \_\_\_\_\_

**Frozen Semen**  (please tick one)

Insemination Dose (if known) \_\_\_\_\_