



WestVETS

Equine Hospital and Reproduction Centre

www.westvets.com.au

EQUINE REPRODUCTION PROCEDURE ADMISSION AND CONSENT FORM

Horse Name: _____
Breed: _____ Age: _____ Sex: _____
Brands: NS: _____ OS: _____
Microchip #: _____

Owner/Agent: _____
Address: _____
Mobile: _____ Home Ph: _____
Email: _____

Medical History

Date of last tetanus 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 your horse insured? ☐ Yes / ☐ No

Farrier attendance required? ☐ Yes / ☐ No

Dental required? ☐ Yes / ☐ No

***Disclaimer – Farrier visit will be scheduled every 6 weeks post admission**

Mare History

☐ Maiden ☐ Previously Foaled ☐ Foal at Foot (Tick one)

Date of Last Foaling: _____

Complications: _____

Abortion/Early Pregnancy Losses: _____

Previous Breeding Attempts: _____

Previous Breeding Treatments: _____

AGISTMENT:

Single: ☐ Single Stable + Walk out yard (\$57.75 Per day)*
☐ Single Paddock – Dry Mare (\$44.00 Per day)* ☐ Single Paddock – Wet Mare (\$48.50 Per day)*

Group: (Up to 3-5 Mares per group paddock)
☐ Group Paddock – Dry Mare (\$33.00 Per day)* ☐ Group Paddock – Wet Mare (\$39.50 Per day)*

Is your mare dominant? ☐ Yes / ☐ No

Comments: _____

Stallion: ☐ Stallion Stable (\$60.00 Per day)

☐ Stallion Yard (\$44.00 Per day)

Equipment left with horse (e.g. Rug) _____

***Disclaimer – Single yards are subject to availability and group paddock herds are selected by mare temperaments.**



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AUTHORISATION

I (insert name of **owner/agent**) authorise WestVETS Equine Reproduction Centre to perform procedures and treatments associated with (tick appropriate procedure)

Artificial Insemination: Fresh Semen ☐
Chilled Semen ☐
Frozen Semen ☐

Embryo Transfer: Fresh Semen ☐
Chilled Semen ☐
Frozen Semen ☐

Semen Collection ☐ **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 authorize 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 Equine Reproduction Centre are payable UPON DISCHARGE and that failure to pay the costs in full can result in WestVETS Equine 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.

Signature of owner/agent _____ Date _____

PAYMENT DETAILS

Credit Card: Visa / Mastercard (circle one) Name on Card: _____

Card Number ____/____/____/____ Expiry Date: ____/____

Signature of Cardholder) _____

STALLION DETAILS (FOR SEMEN TO BE USED IN MARE)

Fresh Semen ☐ **Chilled Semen** ☐ **Frozen Semen** ☐ (please tick one)

Stallion's Name: _____

Stallion Owner/Stud: _____

Contact Details: _____

Insemination Dose (for frozen semen, if known) _____