



CLIENT MARE FORM 2018-19

Mare Name:

Breed:.....Use:..... Age:..... Colour:

Brands: LHS.....RHS..... Other Identification no:.....

Condition On Arrival: Comments..... Date Arrived:..... Arrival Weight:.....

Please tick box ***For embryo Transfer please read and sign the conditions on page 3*******

Procedure: Artificial Insemination (mare to hold pregnancy) **Embryo Transfer** Fertility Evaluation Walk In Breed

Status: Wet Dry Maiden Has your mare ever been scanned before YES NO

Agistment: .(chose the type of agistment you require for your mare)

Group (1-8 mares per 5-10 acres) rivate (1 horse per acre) Wet (1-3 mares per acre)

Insured: Yes No If yes, please provide details: Company _____ Contact No's _____

GVEH suggests that head collars and rugs are not left with the horse. If you choose to do so please fill in the following:

Rugs (description).....Head Collars (description).....

Last Drenched:(product)..... Vaccination.....

Farrier: Are you happy for the staff of GVEH to use their own discretion in regard to the need for the farrier: YES NO

BREEDING HISTORY (Infection / foaling etc)
.....
.....Date last foaled:.....

CLIENT INFORMATION

Name: Phone(H).....(W).....

(M).....(Fax).....(E-mail).....

Residential Address:..... Town..... P/C.....

Postal Address:..... Town.....

EMERGENCY CONTACT:

Name:.....**Phone:**.....

BREEDING INFORMATION

Vet Name: Address::Town.....P/C.....

Phone:(M).....(Fax).....(E-mail):.....

All Stallion contact details must be filled in. All semen orders will be FAXED to the stallion owner unless otherwise specified.

Freight charges will be applicable for incoming chilled or frozen semen if organized by GVEH.

Stallion #1 : Semen Type: Fresh Chilled Frozen Contact: (name).....

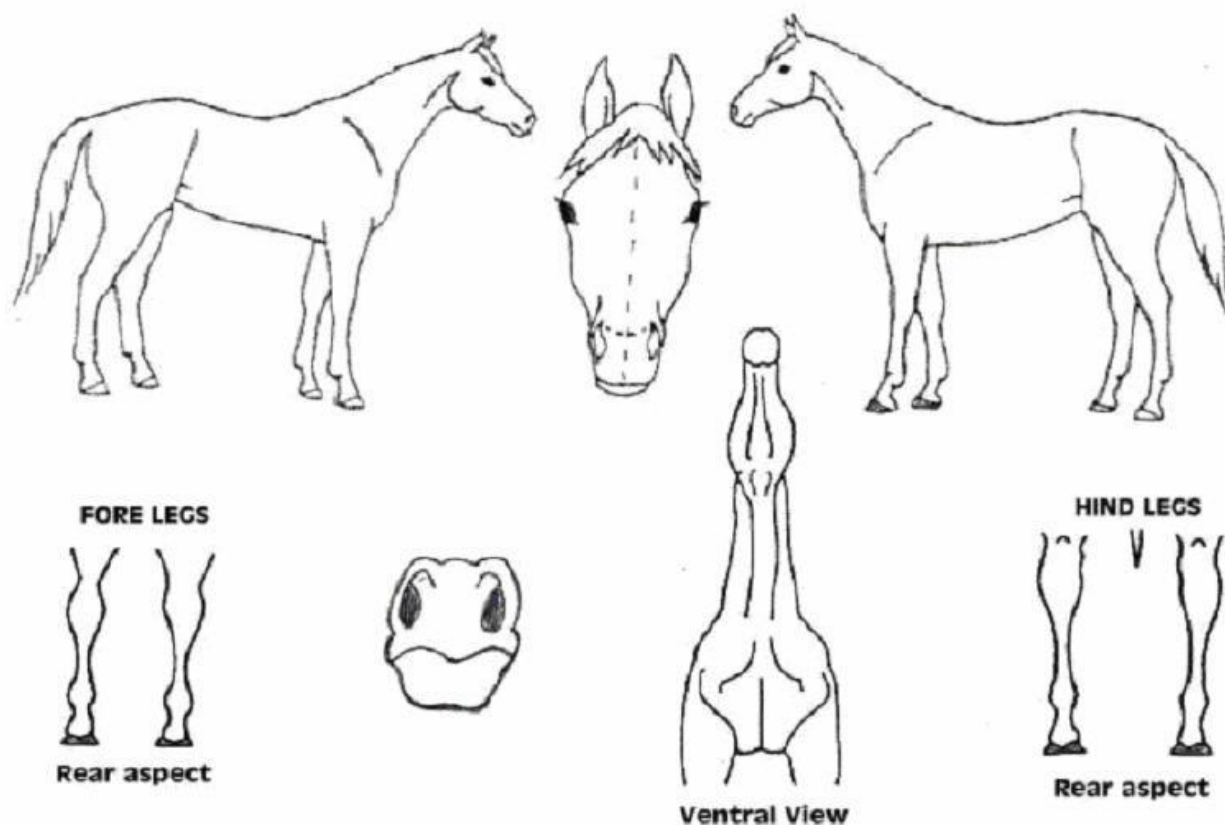
Phone:(M).....(Fax):.....(E-mail):.....

Stallion # 2: Semen Type: Fresh Chilled Frozen Contact: (name).....

Phone:(M).....(Fax):.....(E-mail):.....

Please note: A photocopy of your mares papers does not replace the need to fill in the markings on your mare as set out below.

Identification Diagram:



Key:

Whorls = 'X'

Note other distinguishing marks. i.e: White markings, prophets thumb etc.

A deposit of \$1,000.00 is required before the arrival of your mare at GVEH..

Full payment for all veterinary work done by GVEH on your mare & agistment costs is required before your mare departs GVEH. Please complete the authority form below for credit card payment of the deposit and departing costs.

Credit Card No.: _____

Expiry date: _____

Name on card: _____

Payment amount: \$ _____

Signature: _____

Disclaimer: This form must be completed and signed before the arrival of your mare

Goulburn Valley Equine Hospital (GVEH) will take all due care and provide attention and service to your horse(s) while they are at the hospital. However problems such as sickness, injuries and lameness may occur. In the event that you cannot be contacted regarding treatment or unforeseen problems GVEH will treat as necessary. Every effort will be made to advise you prior to treatment. Any costs will be billed to the owner.

Freight charges of incoming semen will be charged to the mare owner if applicable (min \$250).

Recipient Mare Form

Recipient mares for Embryo Transfer

Please note:

The full cost of the recipient mare is due and payable on 45-day pregnancy test, before the mare leaves GVEH. The cost of the recipient mare includes all drugs and pregnancy scans due, up to and including the 45-day pregnancy scan. Agistment will be charged at \$14.00 per day for the recipient after 45-day pregnancy scan and billed to your account.

It is the client's responsibility to arrange transport for the recipient mare once the mare has been scanned 45 days in foal. Please notify the Reproduction Department a day before you have the recipient mare collected, if she is being collected on the weekend, please call on the Thursday before the weekend so that we can have her ready for departure. The mare can only be transported after the bill has been paid in full.

It is the client's responsibility to take care of the recipient mare and return her to Goulburn Valley Equine Hospital once the foal has been weaned. The cost of transport to and from GVEH for the recipient mare is the owner of the embryo's responsibility. The client is responsible for any agistment that the recipient mare may incur while away from GVEH. Please notify the office if the mare is ill, injured or loses the pregnancy or the foal dies. If the recipient mare contracts strangles, ringworm or any contagious diseases please notify the office. The recipient mare must be returned in an acceptable condition.

GVEH will not be held responsible for any accounts payable for vet bills, transport or agistment due for the recipient mare— this is the responsibility of the donor mare's owner/person leasing the donor mare.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

WITNESS

signature: _____ DATE: _____

PRINT NAME: _____ TELEPHONE #: _____

Please complete the following details for credit card payment for your recipient mare(s):

Credit Card No.: _____

Expiry date: _____

Name on card: _____

Payment amount: \$ _____

Signature: _____

The recipient mare will not be released if this form has not been signed prior to her departure and full payment has been received.