



STALLION FORM 2018/2019

Stallion Name:.....

Brands:L.....R.....Breed:.....
Age:.....Colour:.....Registration Number:.....
Sire:.....Dam:.....SBS Reg. Number.....
Arrival Date:.....Departure Date:.....Arrival Weight:.....Departure Weight:.....
Stallion's Condition On Arrival: Fat / Good / Fair / Poor Comments:.....
Reason For Admittance: Fertility Evaluation / Training To Breed / Transported Semen / Artificial Insemination / Frozen Semen.....

Frozen Semen Details:

Stallion's name as it should appear on straw:.....
Domestic Y / N Number Of Doses Required Export Y / N Number Of Doses Required
Export Countries..... DPI PIC # (Property Identification Code)
Insured: Yes / No Insurance Co: Contact Name:..... Phone.....
Agistment: Paddock / Stable / Paddock & Stable Combination Rug(s)
Head Collar:..... Other:.....
Breeding History: Hand served / Paddock served / Trained to Phantom / Never bred
Last Drenched:..... Drench Due:..... Product:..... Farrier: Trim / Shoe.....
Special needs: (teehr, farrier, drench):.....
Dietary Requirements:.....
Exercise Instructions:.....
Unusual Behavioural Habits:.....

CLIENT INFORMATION:

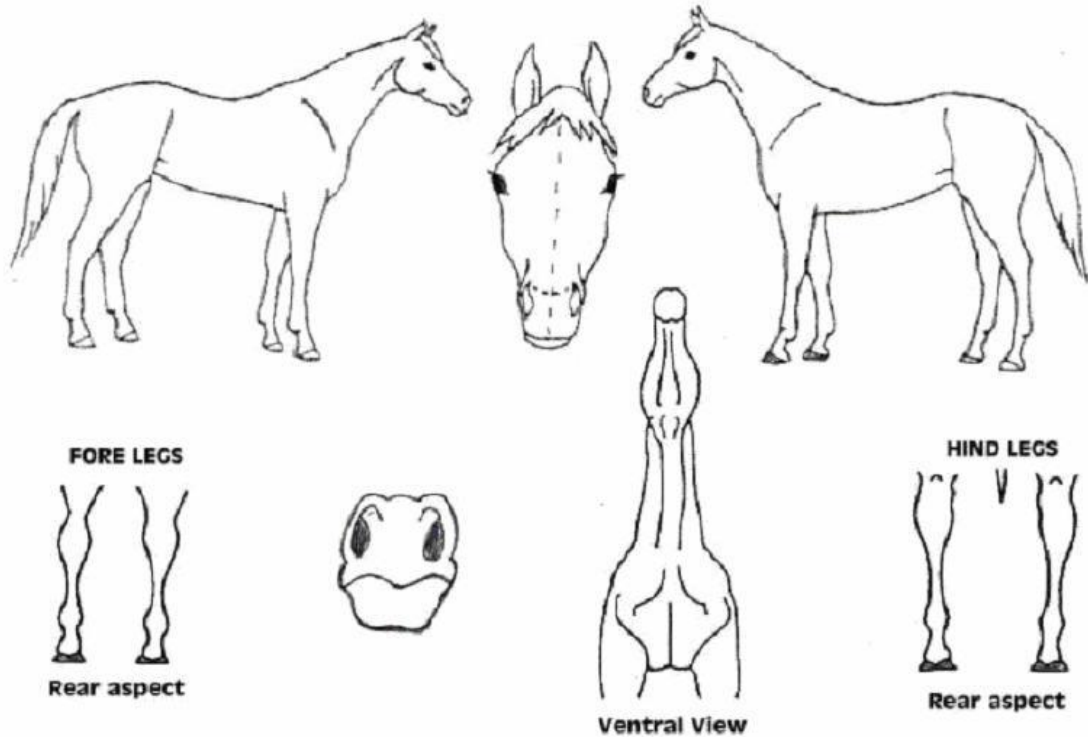
Name: Phone: (H).....(W).....
(M).....(Fax).....
(E-Mail).....
Web page address.....
Postal Address:Town.....P/C.....
ResidentialTown.....P/C.....

Emergency/ Other Contact Details:

Name:..... Phone: (H).....(W).....
(M).....(Fax).....
(E-Mail).....
Address.....Town.....P/C.....

Transport To Hospital: Owner / Agent / Transport Co.:.....
Person Identifying Stallion: Owner / Agent / Transport Co.:.....
Registration Papers: On File at G.V.E.H: Identifying PersonDate:.....
Pre-existing Conditions/ Injuries Noted On Arrival:.....

Identification Diagram:



Key

Whorls = 'X'

Note other distinguishing marks. White markings, prophets' thumbs etc.

Disclaimer: Warning:

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 can not 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 client.

Signature: Date:

Print Name

Admitting GVEH Staff:..... Date:

A deposit of \$4000 + GST is required before work can commence on your stallion. If the work does not reach this amount then the remaining monies will be refunded. Costs over the deposit amount must be paid in full before the stallion leaves GVEH.

Method Of Payment: -- must be completed-- please circle

Cash Cheque Visa Mastercard Bankcard Amex

Card Number.....

Expiry Date.....

Signature.....