

# Central West Equine

Veterinary Reproduction, Surgery & Lameness

Dr David Searle BVSc DVCS

P (02) 63 654 363

960 Cadia Road Springside NSW 2800  
office@centralwestequine.com.au

## Mare Admission Form

Admission Date: \_ / \_ / \_ \_

### Reproductive Services

Expected Departure:  Post service (5 days)  Early scan (15 days)  
(please tick)  Mid scan (28-30 days)  Final scan (45 days)

### Owner Details:

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

### Mare Details:

Mare's Name: \_\_\_\_\_ Paddock Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Age: \_\_\_\_\_

Brands: NS \_\_\_\_\_ OS \_\_\_\_\_ Microchip #: \_\_\_\_\_

Condition on arrival: \_\_\_\_\_ Weight: \_\_\_\_\_

### Admission Details:

Procedure:  Artificial Insemination  Embryo Transfer  Embryo Freeze  Natural Cover  Fertility Evaluation

Paddock Type Request (not all requests can be guaranteed):  Shared Paddock  Individual Yard

Horses with hind shoes on **Can Not** be placed in a shared paddock – CWE can arrange farrier removal of shoes if required.

Is the mare insured?  Yes  No If yes, which insurance company? \_\_\_\_\_

Date of last worming: \_ / \_ / \_ \_ Product: \_\_\_\_\_ Mares will be wormed in line with CWE rotation.

Has your mare been vaccinated for any of the following: (please tick)

Tetanus  Strangles  Hendra  EHV 1/4  Rotavirus  Salmonella

Date of last vaccination: Type \_\_\_\_\_ Date: \_ / \_ / \_ \_ Type \_\_\_\_\_ Date: \_ / \_ / \_ \_ Type \_\_\_\_\_ Date: \_ / \_ / \_ \_

Do you require CWE to administer any of the above vaccines?  Yes  No.

If Yes – Type: \_\_\_\_\_ Date: \_ / \_ / \_ \_ Type \_\_\_\_\_ Date: \_ / \_ / \_ \_ Type \_\_\_\_\_ Date: \_ / \_ / \_ \_

Date of last dental examination: \_ / \_ / \_ \_ Do you require CWE to perform a Dental?  Yes  No

Do you agree to have a farrier attend your mare at CWEs discretion?  Yes  No

Trim / Half Shoe / Full Shoe / Other: \_\_\_\_\_ Last Farrier Date: \_\_\_\_\_

### Breeding Details:

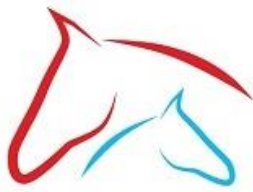
Has your mare been scanned before?  Yes  No Current Status:  Dry  Wet  Maiden

Breeding History: \_\_\_\_\_

Handling or behavioural issues: \_\_\_\_\_

Rugs or gear left with horse: \_\_\_\_\_

Your vet's name: \_\_\_\_\_ Phone: \_\_\_\_\_



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**Owner's Surname:** \_\_\_\_\_ **Mare Name:** \_\_\_\_\_

## Stallion 1

**Name of stallion:** \_\_\_\_\_ **Type of Semen:** Natural Cover/Fresh/Chilled/Frozen

**Semen Supplier Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Special Details (best contact, collect certain days etc):** \_\_\_\_\_

## Stallion 2

**Name of stallion:** \_\_\_\_\_ **Type of Semen:** Natural Cover/Fresh/Chilled/Frozen

**Semen Supplier Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Special Details (best contact, collect certain days etc):** \_\_\_\_\_

### ***Terms and conditions***

By signing this document I have read and understood the following.

Central West Equine (CWE) will take all due care and provide attention and service to your horse(s) while they are at the hospital, however unforeseen problems such as illness, injuries and lameness may occur. Every effort will be made to contact you. In the event that you cannot be contacted regarding treatment for unforeseen circumstances, CWE will treat your horse as necessary.

Positive pregnancy results cannot be guaranteed and CWE can accept no responsibility for the quality of semen, it is disease or genetic status.

The mare will be placed in a crush and be examined internally on multiple occasions, causing a small but finite risk of injury, infertility or death.

All costs will be billed to the client including but not limited to charges for reproductive services, agistment, farrier, worming, vaccination, and any charges for unforeseen illness or injury. All accounts must be settled prior to or on collection of your mare.

For embryo transfer mares, an initial non-refundable payment shall be made on the donor mare's arrival which covers insemination with chilled or frozen semen, and embryo flushing.

On discharge of the donor mare, all accounts accrued up to that point must be settled. The final payment is due and payable upon a 45 day positive pregnancy test of the surrogate mare. This cost includes all drugs, agistment, and ultrasound scans up to and including the 45 day pregnancy test. If the mare is not picked up at 45 days, agistment will be charged, and payable on the surrogate's collection.

It is the client's responsibility to take care of the surrogate mare and return her to CWE between 1<sup>st</sup> May and 30<sup>th</sup> June once the foal has been weaned. Any costs associated with the care of the surrogate is the responsibility of the owner of the embryo/person leasing the surrogate. Please notify CWE if the surrogate is ill, injured, or loses the pregnancy. The surrogate mare must be returned in the same condition she was leased in, in good condition, recently wormed and feet trimmed.

**Owner's Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_/\_\_/\_\_

**Witness Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_/\_\_/\_\_