



**Mare Admission Form**  
 ~ Foaling Down ~

**Client's Name:** \_\_\_\_\_  
**Client's Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Mobile:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Animal Name:** \_\_\_\_\_  
**Colour:** \_\_\_\_\_  
**Breed:** \_\_\_\_\_  
**Age:** \_\_\_\_\_  
**Brands:** NS: \_\_\_\_\_ OS: \_\_\_\_\_

**ARRIVAL DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DUE DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADMISSION**

**Procedure(s)** **Length of Stay**  
 Foaling Down  Foal aged \_\_\_\_ days   
 Re-Breed after foaling  See Repro form   
 (Need Repro Admission Form)

**Paddock Type**  
 Pregnant mares are housed with a small number of other pregnant mares until close to foaling - then moved to an individual yard to foal down. *Horses with hind shoes on **Can Not** be placed in a shared paddock. Individual yards are available.*

**Worming/Vaccination:** **Is mare insured?** **Dental required?** **Permission for Farrier- IF required.**  
 Has your mare been wormed and vaccinated one month before due date? **Yes**  **No**  **Yes**  **No**  **Yes**  **No**   
 Trim Half Shoe Yes   
 Full Shoe Other: No   
 CWE to drench and vaccinate? **Yes**  **No**  Insurance Company: \_\_\_\_\_

Has the mare foaled previously?  Yes  No

**MARE HISTORY**

Foaling history - number of foals? Abnormal foal presentation? slipped foal etc: \_\_\_\_\_

Previous breeding veterinarian's name and contact if relevant: \_\_\_\_\_

*The health and wellbeing of your mare and the success of your breeding program are of the utmost importance to us here at Central West Equine.*

**COMMUNICATION**

We will contact you in writing to the email address above, twice a week on Monday and Thursday.

Our aim is to provide you with a clear and detailed written update on your mare's breeding progress that you can refer back to.

Please confirm that the above email address is the most appropriate one for us to use and update it if required. We are happy to send your updates to multiple email addresses if desired - please note all email addresses on this form.

Your questions can be emailed back to us and we will then address them on the following communication day. For urgent concerns please continue to phone the office on 02 6365 4363.

**BY SIGNING THIS DOCUMENT I HAVE READ AND UNDERSTOOD THE FOLLOWING**

**TERMS AND CONDITIONS**

- 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.
- Package fees exclude charges for agistment and any post foaling treatments of either the mare or foal.
- An abnormal foaling will incur additional charges.
- 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.
- Mares residing at the clinic during breeding will be invoiced monthly. These invoices are due and payable on receipt - and must be paid in full prior to the departure of the mare.
- ALL accounts must be paid for on departure of your mare.**

Owner's Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_

Owner's Name \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name \_\_\_\_\_ Date: \_\_\_\_\_