

**Mare Admission Form**

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

**Mare's Name:** \_\_\_\_\_  
**Colour:** \_\_\_\_\_  
**Breed:** \_\_\_\_\_  
**Age:** \_\_\_\_\_  
**Brands: NS: \_\_\_\_\_ OS: \_\_\_\_\_**

**ADMISSION**

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Procedure(s)**

Artificial Insemination   
 Embryo Transfer   
 Embryo Freezing   
 Natural Cover   
 Other

**Length of Stay**

Post Service (5 days)   
 Early Scan (15 days)   
 Mid Scan (28-35 days)   
 Final Scan (45 days)

**Paddock Type Requested**

Shared Paddock   
 Individual Grass Yard

*Horses with hind shoes **Can Not** be placed in a shared paddock*

**Mare Breeding History**

Current Status?  Wet  Dry

Previous breeding (# foals, slipped, failed to conceive etc): \_\_\_\_\_

**Vaccination required?**

2in1 (Tet/Str)   
 Tetanus   
 Hendra

**Dental to be performed?**

Yes   
 No

**Is your mare insured?**  Yes  No

Company: \_\_\_\_\_

**Date of Last Worming:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Mares will be wormed in CWE rotation

**Permission for Farrier-IF required.**

Trim  Half Shoe  Yes   
 Full Shoe  Other:  No

**STALLION(S)**

**STALLION 1:** *If more than two stallions required for embryo transfer, please attach a list, numbered in order of breeding preference.*

Name of Stallion: \_\_\_\_\_ Type of Semen (Circle): **Natural Cover / Fresh / Chilled / Frozen**

Supplier Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

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

**STALLION 2:**

Name of Stallion: \_\_\_\_\_ Type of Semen (Circle): **Natural Cover / Fresh / Chilled / Frozen**

Supplier Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

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

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

**COMMUNICATION**

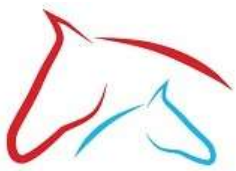
The health and wellbeing of your mare and the success of your breeding program are of the utmost importance to us here at Central West Equine.

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.



Client's Name: \_\_\_\_\_

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

**TERMS AND CONDITIONS**

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

1. 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.
2. Positive pregnancy results cannot be guaranteed and CWE can accept no responsibility for the quality of semen, its disease or genetic status.
3. Your 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.
4. 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.
5. 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.
6. Package fees exclude charges for aggressive and/or uncommonly used intrauterine treatments. These products may be used at the veterinarians discretion and will incur additional fees. For a full list of inclusions and exclusions please see your price list - If you do not already have one please request one from a staff member.
7. **ALL accounts must be paid for on departure of your mare.**

**ADDITIONAL TERMS FOR EMBRYO TRANSFER CLIENTS**

1. On departure of the donor mare, all accounts accrued up to that point must be settled.
2. The final payment is due upon a 45 day positive pregnancy test of the recipient mare, payable prior to departure of the recipient mare. If the recipient mare is not picked up at 45 days, agistment will be added to the invoice payable.
3. it is the client's responsibility to take care of the surrogate mare and return her to CWE between 1st May and 30th June after weaning.
4. Any costs associated with the care of the surrogate is the responsibility of the owner of the embryo/person leasing the surrogate.
- 5.
6. The surrogate mare must be returned in the same condition she was leased in - In good condition, recently wormed, feet trimmed.
7. **Please notify CWE if the surrogate is ill, injured, or loses the pregnancy.**

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

Staff Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_