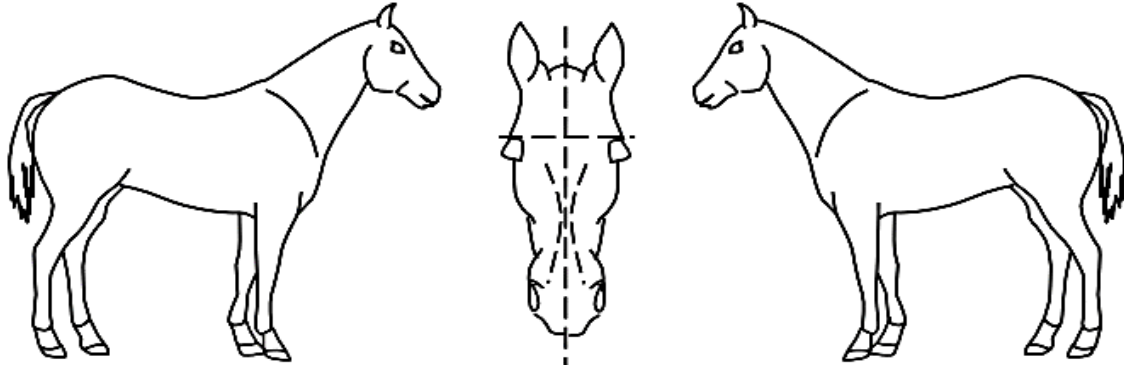


EQUINE REPRODUCTION PROCEDURE ADMISSION AND CONSENT FORM

Horse Name: _____ Breed: _____



Age: _____ Sex: _____ Brands: NS: _____ OS: _____ Microchip #: _____

Owner/Agent: _____

Address: _____

Mobile: _____ Home Phone: _____ Email: _____

For emergencies please provide a secondary contact - Name: _____ Phone: _____

MEDICAL HISTORY

Date of last tetanus vaccination: _____ (if unknown or over 12mths horse will be vaccinated on arrival)

Is Hendra vaccination current? Yes / No (if yes, date of last vaccination: _____)

Date of last worming: _____ (if unknown or over 8 weeks horse will be wormed on arrival)

Dental required? Yes / No

Farrier attendance required Yes / No Last farrier visit/special requirements: _____

Is your horse insured? Yes / No

If yes what agency: _____ Contact: _____

MARE HISTORY

Maiden Previously Foaled Foal at Foot (Tick One)

Stage of cycle (if known): in season ____ days OR ____ days since last in season

Date of Last Foaling: _____

Complications: _____

Abortion/Early Pregnancy Losses: _____

Previous Breeding Attempts: _____ Successful: Yes / No

Previous Breeding Treatments: _____

History of allergies/adverse reactions: _____

Any handling or behavioural problems: _____

Rugs and gear left with the horse: _____

AGISTMENT:

Breeding only Until 14d scan Until 45d scan Other Please specify: _____

INSEMINATION:

Artificial Insemination: Fresh Semen Frozen Semen Other Please specify: _____

Stallion to be used _____



*"Central Queensland's Rural
Veterinary Professionals"*

07 4982 2552

AUTHORISATION

I (insert name of owner/agent) authorise Maraboon Rural Veterinary Services to perform procedures and treatments associated with artificial insemination on the above described horse. I understand that these procedures may involve the administration of reproductive hormones, sedative and other therapeutic medications. If an agent of the owner, I confirm that I have the express authority of the owner to authorise the above procedure.

If I have a mare for breeding, she will be placed in the crush and be examined internally, causing a small but finite risk of injury, infertility or death. Maraboon Rural Veterinary Services will take all due care and provide attention and service to your horse while at the centre. However, problems such as sickness, injuries and lameness may occur. In the event that you cannot be contacted regarding treatment or unforeseen problems, Maraboon Rural Veterinary Services will treat as necessary. I acknowledge that I am responsible for additional costs that may occur as a result.

Positive results cannot be guaranteed. Maraboon Rural Veterinary Services accept no responsibility for the quality of semen, or its disease or genetic status. Reproductive hormones, sedatives and relaxants will be used at our discretion, at the owners expense.

I understand that there are risks of injury associated with agisting a horse on another property. I understand that Maraboon Rural Veterinary Services have inspected the property and have found it suitable for the intended use. I understand that adverse weather events or unfamiliar people and surroundings may affect the horse and are fully prepared to accept those hazards at one's own risk.

I agree that reproductive costs incur a 50% deposit at the time of admission to Maraboon Rural Veterinary Services. I am aware that the balance is payable UPON DISCHARGE along with any other charges incurred throughout the duration of my mares' stay at Maraboon Rural Veterinary Services. Failure to pay the costs in full can result in Maraboon Rural Veterinary Services holding my horse at EXTRA COST until such time as all fees are paid. The onus is on me to remain informed of the current balance of my account.

Printed name of owner/agent _____ Date: _____

Signature of owner/agent _____

Witness _____

Dr Angela Sutherland^{DVM} & Associates

61 Hospital Road Emerald Q 4720

Phone: 07 4982 2552

admin@maraboonruralvetservices.com.au