



# Breeding Admission Form

Arrival Date: \_\_\_\_\_

Mare Registered Name: \_\_\_\_\_

Stable Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Rugs supplied: Yes / No

Colour: \_\_\_\_\_ Age: \_\_\_\_\_ Brands: \_\_\_\_\_

Mare Owner: \_\_\_\_\_ Mobile: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

## Mare History

Is this mare insured? Yes / No (please circle) If Yes – Insurance Company: \_\_\_\_\_

Existing injuries/ Medical Conditions: \_\_\_\_\_

Last Date of Worming: \_\_\_\_\_ Product Used: \_\_\_\_\_

(if unknown or over 2 months, horse will be wormed on arrival at Weatherford)

Last Vaccination Date for Tetanus /Strangles: \_\_\_\_\_

(if unknown or over 6 months, horse will be vaccinated on arrival at Weatherford)

Is the Mare Vaccinated for HENDRA: Yes / No Last Vaccination Date: \_\_\_\_\_

Microchip No.: \_\_\_\_\_

## Services required

Foaling Down  Artificial Insemination  Embryo Transfer  (complete ET contract)

Pregnant Mare / Empty Mare

Foaling Due Date: \_\_\_\_\_

Does the mare have a foal at foot? Filly  / Colt  Foal colour: \_\_\_\_\_ Foaling Date: \_\_\_\_\_

Artificial Insemination: Fresh / Chilled / Frozen (please circle) Stallion: \_\_\_\_\_

Farrier attendance required: Yes / No (please circle) Date of last Trim: \_\_\_\_\_

Dental Work Required: Yes / No (please circle)

Agistment Type: SHARED  PRIVATE (individual yard)

I / We, \_\_\_\_\_ (insert full names) state I/We are the owner/s or acting agent for the owner/s, admitting horses to Weatherford Equine. I / We authorise the staff of Weatherford Equine, to engage in and carry out all services considered necessary for the successful treatment of our horse/s. I acknowledge that by signing this document I/We are appointing Weatherford Equine as duly authorised agents to carry out all necessary veterinary procedures as described on the admission form or as seen fit by the attending veterinarian. I/We acknowledge that I/We will be invoiced for all of the work conducted at Weatherford Equine and agree to pay all fees prior to mare discharge from Weatherford Equine. This document is a good and valid authority to engage Weatherford Equine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Name (printed): \_\_\_\_\_