



AGNES BANKS EQUINE CLINIC PTY. LTD.

5 PRICE LANE
AGNES BANKS NSW 2753

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24 HOUR EMERGENCY SERVICE
Servicing the Hawkesbury / Nepean District

MARE ADMISSION FORM FOR ARTIFICIAL INSEMINATION

ADMISSION DATE: _ / _ / _ _

DISCHARGE DATE: _ / _ / _ _

OWNER'S NAME: _____

PHONE: (home) _____

ADDRESS: _____

(work) _____

_____ PC: _____

(mob) _____

EMAIL: _____

NAME OF MARE: _____

PETNAME OF MARE: _____

BREED: _____

COLOUR: _____ AGE: _____

BRANDS: n/s _____ o/s _____

MICROCHIP #: _____

IS EMBRYO TRANSFER TO BE PERFORMED ON THIS MARE? YES / NO

IF YES PLEASE FILL OUT AN EMBRYO TRANSFER ADMISSION FORM

STAGE OF CYCLE: In season ____ days OR ____ days since last in season.

IS THE MARE INSURED? YES / NO

INSURANCE COMPANY: _____

HAS SHE HAD TETANUS TOXOID IN THE LAST 12 MONTHS? YES / NO

HAS SHE HAD ANY HISTORY OF ALLERGIES / ADVERSE REACTIONS? YES / NO DETAILS: _____

DOES SHE HAVE ANY HANDLING OR BEHAVIOURAL PROBLEMS? YES / NO DETAILS: _____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE NOTIFY A VETERINARIAN OR RECEPTION.

RUGS AND GEAR LEFT WITH THE HORSE: _____

NAME OF STALLION TO BE USED: _____ BREED: _____

TYPE OF SEMEN: FRESH CHILLED FROZEN

NAME OF SEMEN SUPPLIER: _____ SUPPLIERS CONTACT #: _____

I UNDERSTAND AND ACCEPT THE FOLLOWING:

- Positive results cannot be guaranteed. Agnes Banks Equine Clinic can accept no responsibility for the quality of semen, or its 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.
- Reproductive hormones, sedatives and relaxants will be used at our discretion, at owner's expense.
- The mare may be placed in a paddock with other mares, at our discretion. The mare will be wormed and have her feet trimmed at our discretion, at owner's expense.

UNLESS OTHERWISE AUTHORISED, ALL ACCOUNTS MUST BE SETTLED ON COLLECTION OF YOUR MARE.

Owners Name: _____ Signed: _____ Date: ___ / ___ / ___

Or Agents Name: _____ Signed: _____ Date: ___ / ___ / ___

ALL CORRESPONDENCE TO: PO BOX 419, RICHMOND NSW. 2753. AUSTRALIA