



AGNES BANKS EQUINE CLINIC PTY. LTD.

5 PRICE LANE
AGNES BANKS NSW. 2753
Serving the Hawkesbury/ Nepean District

A.C.N. 114 688 575
A.B.N 94 114 688 575

TELEPHONE: (02) 4588 5200
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24 HR EMERGENCY SERVICE
Derek A. Major B.V.Sc. M.A.C.V.Sc
Ian A. Duckworth B.V.Sc.
Neil Walton B.V.Sc. M.R.C.V.S. M.A.C.V.Sc.
Mark A. Schembri BSc (Vet) BVSc
Victoria E. Tomes B.V.Sc
Bill Matthews B.V.Sc. M.R.C.V.S Cert. E.S.M.

MARE ADMISSION FORM FOR ARTIFICIAL INSEMINATION 08/09

ADMISSION DATE: _ / _ / _ _

DISCHARGE DATE: _ / _ / _ _

OWNER'S NAME: _____ PHONE: (home) _____

ADDRESS: _____ (work) _____

_____ PC: _____ (mob) _____

EMAIL: _____

NAME OF MARE: _____ BREED: _____

COLOUR: _____ AGE: _____ BRANDS: n/s _____ o/s _____

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

ANY GEAR? _____

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

IF YES PLEASE FILL OUT AN EMBRYO TRANSFER ADMISSION FORM

STALLION TO BE USED: _____ BREED: _____

TYPE OF SEMEN (FRESH/ CHILLED/ FROZEN): _____

SEMEN SUPPLIER: _____ CONTACT No: _____

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.
- 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.
- There is a fee of \$427.34 per cycle with CHILLED semen or \$554.59 per cycle with FROZEN semen. Agistment is charged at \$31.65 per day along with other fees as discussed. These charges are inclusive of GST.

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

Name: _____

Signed: _____

Date: ____ / ____ / ____

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