



# AGNES BANKS EQUINE CLINIC PTY. LTD.

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

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## **EMBRYO TRANSFER APPLICATION FORM**

Thank you for your interest in the Embryo Transfer (ET) program at the Agnes Banks Equine Clinic. The success of our Embryo Transfer Program is based on understanding client needs so that we can organise Clinic resources for the best outcome possible. Due to the growing interest in embryo transfer services and high demand for advanced breeding procedures, we would like to plan for client needs as early as possible. In the interests of always improving our embryo transfer service we would appreciate the following information.

OWNER'S NAME: \_\_\_\_\_ PHONE: (home) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ (work) \_\_\_\_\_  
\_\_\_\_\_ (mobile) \_\_\_\_\_

NAME OF MARE: \_\_\_\_\_  
BREED: \_\_\_\_\_ AGE: \_\_\_\_\_

TYPE OF SEMEN TO BE USED:    Fresh    Chilled    Frozen

VET USED TO PREPARE MARE: \_\_\_\_\_  
VET PHONE NUMBER (if not from Agnes Banks): \_\_\_\_\_  
PREFERRED BREEDING MONTH: \_\_\_\_\_

Completion of this form is not a confirmation that we will be able to guarantee the inclusion of your mare in the ET Program. Thank you for your interest and we will contact you shortly.

Agnes Banks Equine Clinic

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

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