

## Mare Admission Form

### Client Information

Owners Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Mare Information

Mare Name: \_\_\_\_\_ Colour: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Registration Details: \_\_\_\_\_

Brands: LHS \_\_\_\_\_ RHS \_\_\_\_\_ M/chip No: \_\_\_\_\_

### Procedure:

- Chilled A.I       Frozen A.I       Natural Service       Foaling Down  
 Mare to hold pregnancy       Embryo Transfer       Fertility Evaluation  
 Walk in Breed       \_\_\_\_\_  \_\_\_\_\_

### Status:

- Wet       Dry       Maiden

### Agistment:

- Semi Private (2 Horses)       Private (1 Horse)       Group  
 Wet       Wet Private       Wet Semi-Private

**Providing equine reproductive and veterinary services**

Dr. Allison Arnott BVSc (Hons), MRCVS • Equine Services

920 Great Alpine Road, Tarraringee VIC 3678 **P:** (03) 5725 1464 **M:** 0418 518 847 **F:** 03 5725 1854 **E:** vet@over.net.au ABN 36 549 487 155

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**Insured:**

[ ] Yes [ ] No

If yes, provide the company: \_\_\_\_\_

**If rugs are left with the horse, please fill in the following:**

Rugs Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Breeding History (Infection/foaling etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Stallion Information:**

All Stallion contact details must be filled in. All semen orders will be organised directly with the stallion owner unless otherwise specified.

Stallion Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (M): \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Disclaimer**

I \_\_\_\_\_ (Full Name) acknowledge that Ovens Valley Equine (OVE) will take all due care with the above stallion while he is resident on the premises. If illness, injury or other unforeseen circumstances arise every effort will be made to advise me, the owner/agent, prior to treatment. In the event that I cannot be contacted regarding treatment the veterinarians at OVE will treat the horse as they deem necessary and associated costs will be billed to me as the owner/agent. It is the policy of OVE that horses are wormed on arrival. Full payment for all services performed by OVE is expected before this stallion departs the premises.

I agree with the terms and conditions.

Signature: \_\_\_\_\_

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