

MARE ADMISSION FORM 2023

- Admit to Vision
- Mare Card
- FEC
- Collar
- Feed board
- BCS

Client Information:

Owner/Agent Name: _____

Address For Invoicing: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Mare Information:

Horse Name: _____ Breed: _____

Reg. Details: _____ Colour: _____ Age: _____

Microchip: _____ Nearside brand: _____ Offside brand: _____

Insured: Yes No If Yes, Insurance Company Name: _____

Has your mare ever been scanned before? Yes No

Procedure:

- Fresh AI
- Frozen AI
- Chilled AI
- Fertility Evaluation
- Walk in Breed

Is the mare holding the pregnancy?

- Mare to Hold Pregnancy
- Embryo Transfer

Status on Admission:

- Wet
- Dry
- Maiden
- In Foal

Agistment:

- Private (1 horse)(Lim'td)
- Semi Private (2 horses)
- Group
- Wet
- Wet Private
- Wet Group



If rugs are left with the horse they must be labelled, please fill in the following: Description of Rug(s)

Date Last Foaled:/...../..... **Vaccination History:** _____

Breeding History (Infection/foaling etc): _____

Other Comments: _____

When would you like to pick your mare up?

(Please Tick Box)

POST BREED

AFTER 14 DAY PREGNANCY TEST

AFTER EMBRYO TRANSFER

AFTER RECIPIENT'S 14 DAY PREGNANCY TEST

I consent to pictures taken of my horse while at Ovens Valley Equine to be published online

(Please Circle)

YES

NO

All Stallion contact details must be filled in.

All semen orders will be EMAILED to the stallion owner unless otherwise specified.

Stallion Name: _____

Contact (name): _____ Phone: _____

(Email): _____

Disclaimer: This form must be completed and signed upon arrival of the mare.

Ovens Valley Equine (OVE) will take all due care and provide attention and services to your horse(s) while they are at the hospital. However, problems such as sickness, injuries and lameness may occur. In the event you cannot be contacted regarding treatment or unforeseen problems OVE will treat as necessary. Every effort will be made to advise you prior to treatment. It is a policy of OVE that ALL horses have a fecal egg count done and wormed if necessary. Farriery care is provided as deemed necessary by OVE. Any costs will be billed to the client. Full payment is expected before your mare departs OVE.

Signature:

.....**Office Use Only**.....

Date Arrived: _____

Condition or injuries on arrival: _____

