Providing equine reproductive & veterinary services

ovens valley equine

Stallion Admission Form 2023

☐ Admit to Vision
☐ FEC
☐ Feed board

Client Information

Owner name: _____ Phone (H): _____ Mobile: _____

Owner address:_____

Email: _____ Emergency contact: _____

Stallion Information

Stallion name: _____ Colour: _____ Age: _____

Breed: _____ Registration Details: _____

Has this stallion covered a mare? If yes, please specify i.e. hand-serve, paddock breed?_____

If yes what restraining gear is used (e.g. chain) _____

Has this stallion been collected? : _____ If yes phantom or mare?: _____

Insured?: _____ If yes, Company details: _____

Rugs?: _____ If yes please give a description: _____

Does your stallion have any specific feed requirements? If yes, please describe:

_____

Any further comments:

_____

I consent to pictures taken of my horse while at Ovens Valley Equine to be published online
(Please Circle) YES NO

Disclaimer

I ..... (**Print 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 resident veterinarian at OVE will treat the horse as she deems necessary and associated costs will be billed to me as the owner/agent. It is the policy of OVE that horses have a fecal egg count done on arrival. Full payment for all services performed by OVE is expected before this stallion departs the premises.

Signature: _____ Date: ____/____/_____

Office Use Only

Reason for admission: _____

Date arrived: _____ Date departed:_____

Condition score on arrival: _____ Condition score on departure: _____

Comments: _____

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