

## WILLSALLEN

**VETERINARY SERVICES** 

## MARE ADMISSION FORM FOR ADVANCED REPRODUCTION SERVICES

ADMISSION DATE:// _ DISCHA	
OWNER'S NAME:	PHONE: (home)
ADDRESS:	(work)
PC:	(mob)
EMAIL:	
FULL NAME OF MARE:	PETNAME OF MARE:
BREED:	COLOUR:
AGE:	
BRANDS: n/s o/s _	MICROCHIP #:
IS EMBRYO TRANSFER TO BE PERFO	RMED ON THIS MARE? YES / NO
STAGE OF CYCLE: In seasondays	s OR days since last in season.
IS THE MARE INSURED? YES / NO IN	SURANCE COMPANY:
HAS SHE HAD TETANUS TOXOID IN	THE LAST 12 MONTHS? YES / NO
HAS SHE HAD ANY HISTORY OF ALL	ERGIES / ADVERSE REACTIONS? YES / NO DETAILS:
DOES SHE HAVE ANY HANDLING OF	R BEHAVIOURAL PROBLEMS? YES / NO DETAILS:
IF YOU HAVE ANSWERED YES TO ANY O	F THE ABOVE QUESTIONS PLEASE NOTIFY THE
RUGS AND GEAR LEFT WITH THE HO	DRSE:
NAME OF STALLION TO BE USED: BREED:	
TYPE OF SEMEN: _ FRESH _ CHILLED	)_FROZEN
NAME OF SEMEN SUPPLIER:SUPPLIERS CONTACT #:	
or Coco Willsallen BVSC(hons)	www.willsallenvet.com Ph: 0428454233



## I UNDERSTAND AND ACCEPT THE FOLLOWING:

- Positive results cannot be guaranteed. Willsallen Veterinary Services accept no responsibility for the quality of semen, or its disease or genetic status.
- The mare will be placed in a crush and will 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, at owner's expense.
- The mare may be placed in a paddock with other mares, at our discretion unless otherwise requested.
- The mare will be wormed and have her feet trimmed at our discretion, at owner's expense.

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

Owners Name:	_ Signed:
Date: / /	
Or Agents Name:	Signed:
Date: / /	