



AGNES BANKS EQUINE CLINIC

ABN: 56 145 333 446

5 Price Lane
Agnes Banks NSW 2753
PO Box 419
Richmond, NSW 2753
Australia

Telephone: +61 2 4588 5200
Facsimile: +61 2 4578 1458

Website: www.abec.net.au
Email: clinic@abec.net.au

24 HOUR EMERGENCY SERVICE
Servicing the Hawkesbury / Nepean District

Lauren Groom BVSc (Hons) MS DACVS-LA
Christine Smith DVM Dip ACVS
Registered Specialist in Equine Surgery
Laura Lee BVSc MS Dip ACVIM
Registered Specialist in Internal Medicine

Derek A. Major BVSc MACVSc
Jenny Watts BVSc (Hons1)
Alexis Clark BSc (Hons) BVM&S BAEDT MRCVS
Marnie Treseder BVSc MANZCVSc
Mark Wigggett BAnSc BSc (Hons) BVSc
Jess Tanner BVSc

Visiting Registered Specialist in Equine Surgery
Nicholas Kannegieter BVSc Dip Vet Clin Stud, PhD, FANZCVSc
Hadley Wilsallen BVSc MANZCVSc DACVS-LA

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 Information:

OWNER NAME: _____ PHONE: (home) _____
ADDRESS: _____ (work) _____
_____ Postcode _____ (mobile) _____
EMAIL: _____ SIGNATURE: _____

Credit card Details:

Name on card: _____ Type: _____
Number: _____ Exp: __ / __
CCV: ___

Mare Information:

NAME OF MARE: _____ PET NAME OF MARE: _____
BREED: _____ COLOUR: _____
AGE: _____ BRANDS: n/s ___ o/s ___ MICROCHIP: _____

Stallion Information:

NAME OF STALLION TO BE USED: _____
BREED: _____
TYPE OF SEMEN TO BE USED: Fresh Chilled Frozen
NAME OF SEMEN SUPPLIER: _____ CONTACT #: _____
HAS SUPPLIER AUTHORISED THE USE OF THE SEMEN: YES / NO



AGNES BANKS EQUINE CLINIC

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Veterinarian Information: (if not from ABEC)

VET USED TO PREPARE MARE: _____

VET PHONE NUMBER: _____

VET CLINIC USED TO PREPARE MARE: _____

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.

Note: Accounts are to be settled on collection of mare.

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