



# MARE ADMISSION FORM ARTIFICIAL INSEMINATION

Admission Date: ...../...../..... Discharge date: ...../...../.....  
 Owner's name: ..... Phone: .....  
 Address: ..... (work): .....  
 City: ..... Postcode: ..... (mob): .....  
 Email: .....

Name of mare: ..... Breed: .....  
 Colour: ..... Age: ..... Brands: n/s ..... o/s .....  
 Microchip #: .....

**Is embryo transfer to be performed on this mare?**  Yes  No

*If yes please fill out an embryo transfer admission form*

Stage of cycle: in season ..... days or ..... days since last in season

Is the mare insured?  Yes  No

Insurance company: .....

Has she had tetanus toxoid in the last 12 months?  Yes  No

Has she had hendra vaccine in the last 12 months?  Yes  No

Has she had history of laminitis?  Yes  No

Has she had any history of allergies / adverse reactions?  Yes  No

Details: .....

Does she have any handling or behavioural problems?  Yes  No

Details: .....

*If you answered yes to any of the above questions, please notify a veterinarian or reception.*

Rugs and gear left with the horse: .....  
.....

Name of Stallion to be used: .....

Breed: .....

Type of Semen:  Fresh  Chilled  Frozen

Name of Semen Supplier: .....

Suppliers Contact: .....

Has Supplier Authorised the use of the Semen:  Yes  No

**I UNDERSTAND AND ACCEPT THE FOLLOWING:**

- Positive results cannot be guaranteed. Agnes Banks Equine Clinic can accept no responsibility for the quality of the semen, or its disease or genetic status.
- The mare will be placed in a crush and be examined internally. This procedure does carry a small risk such as infertility.

At ABEC we take all precautions deemed necessary in the circumstances however, rectal tears may occur and can be life threatening.

- 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. The mare will be de-wormed and have her feet trimmed as needed, at owner's expense.

If you would like to arrange for specific housing, please call the clinic to discuss options and availability.

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

Name: .....

Signed: ..... Date: ...../...../.....