



AGNES BANKS EQUINE CLINIC

ABN: 56 145 333 446

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AGNES BANKS NSW 2753

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24 HOUR EMERGENCY SERVICE
Servicing the Hawkesbury / Nepean District

MARE ADMISSION FORM ARTIFICIAL INSEMINATION 2021/22 ADMISSION

Date: __/__/__ Discharge date: __/__/__
Owner name: _____ Phone: _____
Address: _____ (work) _____
City: _____ Pcode: _____ (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.



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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: ____ / ____ / ____