



AGNES BANKS EQUINE CLINIC

ABN: 56 145 333 446

5 PRICE LANE
AGNES BANKS NSW 2753

TELEPHONE: (02) 4588 5200
FACSIMILE: (02) 4578 1458
District

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

24 HOUR EMERGENCY SERVICE
Servicing the Hawkesbury / Nepean

MARE ADMISSION FORM EMBRYO TRANSFER

ADMISSION DATE: __/__/__

DISCHARGE DATE: __/__/__

OWNER NAME: _____ PHONE: _____

ADDRESS: _____ (work) _____

CITY: _____ PC: _____ (mob) _____

EMAIL: _____

NAME OF MARE: _____ BREED: _____

COLOUR: _____ AGE: _____ BRANDS: n/s _____ o/s _____

MICROCHIP #: _____

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

ANY GEAR LEFT WITH MARE?

WHEN WAS THE MARE INSEMINATED? _____

WHEN DID THE MARE OVULATE? _____



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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.
- Pregnant recipient mares are to be taken home once diagnosed with a 28 day pregnancy. A \$38.78 (inc GST) per day agistment fee will be charged after this.
- Once possession of the mare in foal is taken by the owner / client the mare becomes the property of the owner / client.

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

Name: _____

Signed: _____ **Date:** ____ / ____ / ____