



# MARE ADMISSION FORM



**MARE NAME**..... **DATE**.....

## CLIENT INFORMATION

Name: ..... Phone: .....

Email.....

Residential Address..... Postcode.....

Postal Address..... Postcode.....

**Emergency Contact:** Name..... Phone.....

## MARE INFORMATION:

Breed:.....Age:..... Colour:.....

Brands: LHS.....RHS..... Microchip Number:.....

### Status:

Wet       Dry       Maiden      Previously Scanned?       YES /  NO

### Admitted For:

- Foaling down    LSD: .....    In foal to: .....    Foal due date.....
- Artificial Insemination to hold pregnancy:  Frozen /  Chilled
- Walk In Breed to Stud       Embryo Transfer       Fertility Evaluation

## STALLION INFORMATION:

**All Stallion contact details must be filled in. All semen orders will be EMAILED to the stallion owner unless otherwise specified.**

Stallion #1..... Semen type:  Fresh /  Chilled /  Frozen

Stud Name.....

Stallion #2..... Semen type:  Fresh /  Chilled /  Frozen

Stud Name.....

**TACK:** NREVC suggests that tack is not left with the horse. If you choose to do so, please fill in the following: (all items must be clearly labelled)

Rugs (Description): .....

Head Collars (Description): .....

**BREEDING HISTORY:**

Date Last Foaled: .....

Previous Difficulties foaling e.g., dystocia, retained foetal membranes  YES /  NO

Previous Difficulties getting/holding pregnancy  YES /  NO

Is the mare Caslicked  YES /  NO

**MEDICAL HISTORY/PROCEDURES:**

Insured:  YES /  NO Company..... Contact No.....

Farrier treatment if required  YES /  NO Dental Required  YES /  NO

**Vaccination and Worming:**

Last Drenched: Date..... (If unknown or over 6 weeks horse will be wormed on arrival)

I consent to regular worming if applicable:  YES /  NO

Last Tetanus/Strangles (2in1): Date..... *Booster due every 12mths for Tetanus every 6mths for Strangles.*

(If unknown or over 12 months horse will be administered course on arrival)

- Administer 2in1 initial course  YES /  NO *(approx. \$165 tetanus/strangles)*
- Administer 2in1 booster  YES /  NO *(approx. \$55)*

***Note: It is now a requirement that all horses are fully vaccinated against EHV and Salmonella BEFORE being admitted on farm – Has your mare had a full course of:***

***EHV:***  YES /  NO Proof of course supplied: Y/N

***Salmonella***  YES /  NO Proof of course supplied: Y/N

**DECLARATION:**

In the event of an emergency where I ..... (Owner or agent) cannot be contacted I consent for first aid procedures to be administered on site.

**I agree that all costs incurred while my horse is at Northern Rivers Equine Veterinary Clinic / Llowalong Farms are payable UPON DISCHARGE and that failure to pay the costs in full may result in Northern Rivers Equine Veterinary Clinic/ Llowalong Farms holding my horse whilst incurring additional costs until such time all fees are paid.**

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

**CAESARIAN DECLARATION:**

In the event that an emergency caesarean is required, and I am unable to be contacted I *(insert name here)* ..... consent for referral to a surgical facility for the procedure to be carried out *(sign here)* .....

**OFFICE USE ONLY:**

Photo taken on arrival  YES /  NO Condition on Arrival.....

Photo Filed  Information entered on computer