



# MARE ADMISSION FORM

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

## CLIENT INFORMATION

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

Fax:..... Email:.....

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

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

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

## MARE INFORMATION:

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

Colour:..... Use:.....

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

### Status:

Wet       Dry       Maiden      Previously Scanned?       YES /  NO

### Admitted For:

Foaling down      LSD: .....      In foal to: .....

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 FAXED 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 eg 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:.....

Farrrier 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 \$85 tetanus) / (approx \$145 tetanus/strangles)*
- Administer 2in1 booster  YES /  NO *(approx \$48)*

Last EHV1 Vaccination: Date.....

EHV1 booster  YES /  NO EHV1 initial course  YES /  NO

Specific feed requirements.....

**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 are payable UPON DISCHARGE and that failure to pay the costs in full may result in Northern Rivers Equine Veterinary Clinic holding my horse whilst incurring additional costs until such time all fees are paid.**

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

**CAESARIAN DECLARATION:**

Do you consent to emergency referral in the event that a caesarean is required and you cannot be contacted?  YES /  NO **If yes please sign:**

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