

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):

Does she have shoes on? ☐ YES / ☐ NO

PTO

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 pregnant mares 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:

CAESAREAN DECLARATION:

Caesarean surgery is NOT performed at the clinic; horses are referred to and Equine Hospital. The cost can be in excess of \$10,000.00. By signing this Caesarean declaration, you are **approving the transfer of your mare for this surgery**

In the event that an emergency caesarean is required, and I am unable to be contacted I 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 uploaded to Ardex ☐ Admission form uploaded to Ardex ☐