

Stallion Admission Form

Client Information

Owners Name: _____

Phone: _____ Mobile: _____

Address: _____

Email: _____

Emergency Contact: _____ Phone: _____

Stallion Information

Stallion Name: _____ Colour: _____ Age: _____

Breed: _____ Registration Details: _____

Reason for Admission:

Training for Collection Chilled Transport Evaluation

Chilled Semen Shipment Semen Freezing

Has this stallion covered a mare?: _____

If yes, what restraining gear is used (e.g. chains): _____

Has this stallion been collected?: _____

If yes, phantom or mare? _____

Is this stallion insured?: _____ Insurance Details: _____

Rugs?: _____ If yes, give a description: _____

Providing equine reproductive and veterinary services

Dr. Allison Arnott BVSc (Hons), MRCVS • Equine Services

Any further comments, particularly regarding handling or your stallion behaviour:

Disclaimer

I _____ (Full Name) acknowledge that Ovens Valley Equine (OVE) will take all due care with the above stallion while he is resident on the premises. If illness, injury or other unforeseen circumstances arise every effort will be made to advise me, the owner/agent, prior to treatment. In the event that I cannot be contacted regarding treatment the veterinarians at OVE will treat the horse as they deem necessary and associated costs will be billed to me as the owner/agent. It is the policy of OVE that horses are wormed on arrival. Full payment for all services performed by OVE is expected before this stallion departs the premises.

I agree with the terms and conditions.

Signature: _____

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