



JEFFREY & LEE ANN HALL
 3988 WIDE BAY HWY
 KILKIVAN QLD 4600
 Ph 0437 044116 / 0412 136096

ARTIFICIAL INSEMINATION PROCEDURE CONSENT FORM

OWNER / AGENT	HORSES NAME
ADDRESS	AGE
	COLOUR
	BREED
	MAIDEN YES / NO
	IN FOAL / FOAL AT FOOT
TELEPHONE	MICROCHIP #
MOBILE	NEARSIDE BRAND
EMAIL	OFFSIDE BRAND

I (insert name of owner/agent*) authorise EquiNetics to carry out ARTIFICIAL INSEMINATION procedure on the above described horse using semen from the stallion.....(insert stallion name).

If an agent of the owner, I confirm that I have the express authority of the owner to authorise the above Procedure. I confirm that the above business has advised me of the possible risks and complications of the Procedure.

I am aware that rectal ultrasound procedures will be carried out on my mare by EquiNetics and that there are risks involved in this procedure. I am aware that the procedures involved in the preparation, ultra sound scanning, insemination and post insemination procedures are carried out by Jeffrey & Lee Ann Hall and that neither are qualified veterinarians.

I acknowledge that I have read the above and understood the nature and consequences of the Procedure. I understand that the Procedure may involve some risk and I give my consent for the Procedure to be performed.

I undertake to pay all costs incurred in undertaking this Procedure including those associated with agistment and assume all risk and liability.

The mare * has / has not been rectally scanned before.

The board that I would prefer for the mare is Private Small Group Pastured

Special requirements / Equipment left with mare

Signature of Owner/Agent Date:

* Please delete where not applicable