



**STALLION ADMISSION FORM**

OWNER / AGENT		HORSES NAME	
ADDRESS		AGE	
TELEPHONE		COLOUR	
MOBILE		BREED	
EMAIL		MICROCHIP #	
INSURED YES / NO		NEARSIDE BRAND	
IF YES - INSURER		OFFSIDE BRAND	

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

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 Jeffrey & Lee Ann Hall are not 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 the care of the stallion as well those associated with agistment and assume all risk and liability. I understand that EquiNetics will levy a collection fee that will be paid by the mare owner prior to any semen being collected and shipped.

I have made EquiNetics aware that **no semen is to be collected or shipped from the stallion without prior consent of myself.**

Special requirements / Equipment left with stallion .....

Signature of Owner/Agent ..... Date: .....

**Has this stallion been collected before – YES / NO**

- If YES – by which method/s –
1. Off a Mare
  2. Off a Dummy (was a mare required to be present? – Yes / No)
  3. Ground Collect (was a mare required to be present? – Yes / No)

Are you aware which extenders have been used previously ? .....



<b>HORSE DETAILS</b>			
HORSES REGISTERED NAME			
STABLE NAME			
<b>OWNERS DETAILS</b>			
OWNERS NAME			
<b>TESTING RECORD</b>			
<b>TYPE</b>	<b>DATE</b>	<b>NEXT DUE</b>	
HENDRA			
TETANUS			
STRANGLES			
EHV 1/4			
OTHER			
<b>DRENCHING / INSECTICIDE</b>	<b>DATE</b>	<b>NEXT DUE</b>	
PRODUCT USED			

<b>TREATMENTS</b>		
<b>DETAILS</b>	<b>DATE</b>	<b>COMMENTS</b>

Please note – **ALL HORSES MUST BE VACCINATED AGAINST STRANGLES**, although we do accept horses that are not Hendra vaccinated, it is our vets policy not to treat unvaccinated horses in some circumstances.  
 By signing this form you are acknowledging this policy and that your horse may go untreated for certain conditions if our veterinarian refuses. You assume risk and responsibility.

Signed by owner / agent  
 .....  
 FULL NAME  
 .....  
 SIGNATURE  
 ..... / ..... / .....  
 DATE