

EQUINE REPRODUCTION ADMISSION AND CONSENT FORM 2019/20

Owner Details

Name _____

Address _____

Phone _____ Email _____

Mare Details

Name _____ Breed _____

Colour _____ Age _____

Microchip# _____ Brands _____

Insured yes/no. Company _____ Date of last worming _____

Vaccination Status: Tetanus _____ Strangles _____ Hendra _____ Other _____

Mare History

Previous Pregnancies: _____

Date of Last Foaling: _____

Complications: _____

Stallion Name: _____ Breed: _____

Stallion Location/veterinary clinic supplying semen: _____

Semen Type: Fresh / Chilled / Frozen

I, _____ (Owner/Agent), authorize *VetPartners Canberra Equine Hospital Pty Ltd* to perform specified procedures and treatments associated with artificial insemination (tick appropriate box).

- Fresh \$700-900 plus agistment
- Chilled \$700-900 plus agistment
- Frozen \$1000-1300 plus agistment

Please Be Advised

Procedures and treatments may include: ultrasound, rectal and vaginal examinations of the mare in a crush. Treatments will include routine hormones and reproductive drugs. Some mares may require sedation for procedures to be safe for both your mare and the veterinarian. Please discuss with the veterinarian any concerns that you may have regarding the use of the synthetic reproductive hormones listed below:

- Prostaglandin (PGF2 α)
- Deslorelin/HCG
- Oxytocin
- Altrenogest (Readyserve/Regumate/ovumate)

Agistment

Agistment is \$49/day for a private yard per mare, \$64/day for mare+foal. Stabling is \$80.80/day for mare, \$98.85 for mare and foal. Please note, agistment is charged per overnight stay.

Treatments and Procedures not included in the cycle estimate

I, _____ (Owner/Agent), acknowledge that services and medications which are not included in the cycle estimate include:

- Treatment of intrauterine fluid accumulation pre or post insemination with oxytocin.
- After hours fees if required to attend to your mare out of normal working hours \$156.65 per vet visit, \$89.85 per nurse visit.
- Sedation if required for ultrasound exam, rectal or vaginal exam or artificial insemination procedures (Flat fee of \$25/dose).
- Semen collection fees (\$295) if the stallion is collected at Canberra Equine Hospital.
- Transport of semen from the airport or courier depot (\$59.10).

Please Be Advised

- Positive pregnancy results cannot be guaranteed or warranted.
- VetPartners Canberra Equine Hospital Pty Ltd cannot accept any responsibility for the quality of the semen, or its disease or genetic status.
- Vetpartners Canberra Equine Hospital Pty Ltd cannot accept any responsibility for any costs relating to collection, processing, transport or storage of semen.
- The mare will be placed in a crush and be examined internally on multiple occasions, which may result in a small but finite risk of injury, infertility or death.
- Agistment is charged per day in addition to other fees as discussed.
- I have discussed the Procedure proposed, and I acknowledge that I have read the above and understood the nature and possible consequences of the Procedure.
- I understand that the Procedure may involve some risk and I give my consent for the Procedure to be undertaken.

I, _____ (owner/agent), undertake to pay all costs incurred in undertaking this Procedure including those associated with agistment. I also confirm that I have been provided with an estimate of the veterinary and associated fees relevant to the proposed Procedure to which I am consenting. That estimate amounts to \$ _____ with exception to costs related to unexpected complications.

CANBERRA Equine HOSPITAL

By Signing below and/or requesting Canberra Equine Hospital Pty Ltd to undertake all or part of the Procedure, I agree to the terms and conditions set out above.



Bank Transfer Cash Cheque Credit Card

□□□□ □□□□ □□□□ □□□□ expiry date: □□/□□

I authorise VetPartners Canberra Equine Hospital to process \$_____ on this credit card. Or I will EFT to Vetpartners Canberra Equine Hospital Pty Ltd BSB 082057 Account: 421759314

Signature: _____

Print Name: _____

Date _____

CEH Staff Witness:

Signature: _____

Print Name: _____

Date _____