

FOALING AGREEMENT CONSENT FORM

Please fill in required fields below. After filling in form email to vethospital@willinga.com.au

OWNER/AUTHORISED AGENT DETAILS

NAME: _____ MOBILE: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____

MARE DETAILS

NAME: _____ MICROCHIP: _____
AGE: _____ INSURED: YES NO
SIRE: _____ INSURER: _____
DAM: _____ ANIMAL IDENTIFICATION FORM COMPLETED: YES NO

HEALTH

TETANUS: YES NO DATE: _____
STRANGLES: YES NO DATE: _____
HENDRA: YES NO DATE: _____

FOALING

DUE DATE: _____
SIRE: _____
AGIST: Individual Shared
ARRIVAL DATE: _____

PREVIOUS FOALING HISTORY

SICK FOAL: _____
COMPROMISED FOAL: _____
HAEMOLYTIC FOAL: _____

FEEES

SERVICE: _____
AGISTMENT: _____

Fee for Service is inclusive of GST

Fee for Service includes supervised foaling down of the mare (Foil Alert Monitoring and camera, colostrum evaluation) clinical health check of the foal directly post-foaling and routine umbilical cord care, administration of foal enema and evaluation of passive antibody transfer (IgG test 24 hours post foaling).

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FEE FOR SERVICE DOES NOT INCLUDE

additional foaling, post-foaling and newborn foal services such as:

- veterinary fees and charges associated with additional, non-routine therapy deemed necessary for proper management of the pregnant, foaling or post-partum mare (e.g. oxytocin therapy, uterine lavage or other treatments for retained placenta, etc.) or the newborn foal or (e.g. supplementation with additional colostrum and/or plasma, etc.).
- ultrasound examination for placental assessment in high risk mares
- removal of retained foetal membranes
- post foaling uterine treatments
- treatment for illness or injury for mare or foal which requires medical or surgical treatment
- induction of foaling
- dystocia
- plasma transfusions
- colostrum administration
- treatment for meconium impaction
- subsequent IgG Test (First test included with fee)
- laboratory services
- non reproductive drugs (i.e. antibiotics and anti-inflammatories)
- vaccinations and drenching
- insurance exams, certificates and stud book identification
- radiology and other diagnostic procedures
- sedation (for any reason)

FEE FOR SERVICE DOES NOT INCLUDE

agistment costs prior to or post-foaling which will be charged at the specified daily rate from the date of arrival of the mare to the date of discharge of the mare.

ACCEPTANCE OF RISK BY OWNER/AUTHORISED AGENT

I have had the opportunity to discuss the procedure proposed, including post-operative treatment and prognosis. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed treatment and that I have been given sufficient time and information to make an informed decision.

I accept:

- there are risks in all veterinary procedures deemed necessary and the work the subject of this agreement
- that some foaling mares may have complications which might lead to the death of or injury to the mare and/or foal
- whether or not the foal is born live, I will be liable to pay all fees and expenses owing to Willinga Park
- all reasonable care will be taken, but no responsibility will be assumed for any illness or injury to horses whilst in the care of the Willinga Park

I agree to indemnify the attending veterinarians, their assistants, employees and agents for any loss or liability that they may incur as a result of any inaccuracy or complications, whether intended or otherwise, arising from the information provided by me in this consent form.

PAYMENT OF COSTS BY OWNER/AUTHORISED AGENT

I have been provided with an estimate of the veterinary and associated fees relevant to the Service.

I understand that, if possible, the veterinary surgeon will attempt to inform me of the need to provide additional foaling, post-foaling and newborn foal services which will incur additional fees and an estimate of the costs of those additional foaling, post-foaling and newborn foal services.

I agree to pay all charges incurred in relation to the mare and foal, including the fees for the Service and any additional foaling, post-foaling and newborn foal services.

I accept the risks and consent to the procedure and have read and understand the above terms and conditions and the willingapark.com.au/vet-hospital/admission-and-other-forms and agree to abide by them.

OWNER/AUTHORISED AGENT AGREEMENT

SIGNATURE:

NAME:

DATE:

SIGNATURE:

NAME:

**If signed by an agent of the owner, the agent warrants that he or she has full authority from the owner to provide the consent and the information contained in this form.*