

# REPRODUCTION ADMISSION FORM

Please fill in required fields and email to [vethospital@willinga.com.au](mailto:vethospital@willinga.com.au)

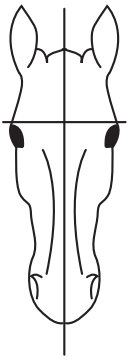
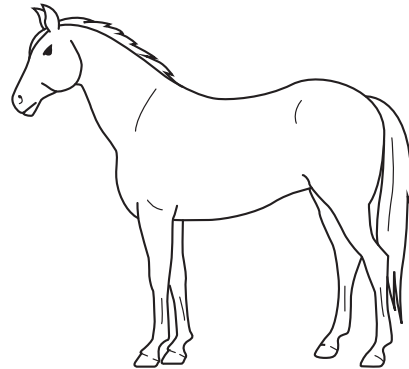
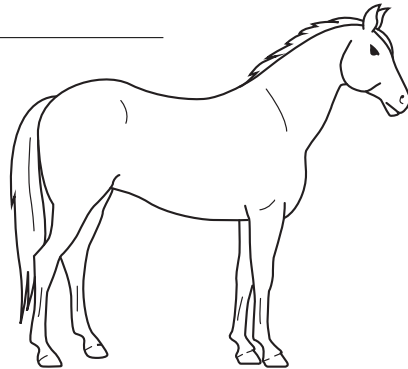
HORSE'S NAME: \_\_\_\_\_

MICROCHIP #: \_\_\_\_\_

BRANDS: \_\_\_\_\_

NS: \_\_\_\_\_

OS: \_\_\_\_\_



## OWNER

NAME: \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### CONTRACT TYPE

LIVE     CHILLED     FROZEN  
 AI     ET     OPU-ICSI

ARRIVAL DATE: \_\_\_\_\_

AGE: \_\_\_\_\_ COLOUR: \_\_\_\_\_

HAS YOUR MARE BEEN SCANNED BEFORE?  YES  NO

MARE STATUS:     MAIDEN     DRY     WET

TET/STRANGLES DATE VACCINATION: \_\_\_\_\_

HENDRA DATE VACCINATION: \_\_\_\_\_

HORSE INSURED:     YES  NO

### FOALING HISTORY

CASLICK:     YES  NO

DIFFICULT FOALING:     YES  NO

RETAINED MEMBR:     YES  NO

FOAL DOB: \_\_\_\_\_  COLT     FILLY

AGISTMENT:     INDIVIDUAL  SHARED

## STALLION

### 1. STALLION NAME:

STALLION OWNER/AGENT: \_\_\_\_\_

PHONE: \_\_\_\_\_

LOCATION STALLION/SEMEN: \_\_\_\_\_

### 2. STALLION NAME:

STALLION OWNER/AGENT: \_\_\_\_\_

PHONE: \_\_\_\_\_

LOCATION STALLION/SEMEN: \_\_\_\_\_

### 3. STALLION NAME:

STALLION OWNER/AGENT: \_\_\_\_\_

PHONE: \_\_\_\_\_

LOCATION STALLION/SEMEN: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

## AGREED FEE (Including GST):

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The Agreed Fee is valid for one reproductive cycle and includes the following services:

1. *One artificial insemination;*
2. *Ultrasound examinations;*
3. *Rectal and vaginal examinations; and*
4. *Routine hormones and reproductive drugs (Prostaglandins, Chorulon/Deslorelin and Oxytocin).*

The following services are not included in the Agreed Fee:

5. *Laboratory services;*
6. *Altenogest; Regumate; Injectable Altrenogest;*
7. *Collection of semen from stallion;*
8. *Non reproductive drugs (ie antibiotics and anti-inflammatory);*
9. *Post foaling uterine treatments;*
10. *Ultrasound examination for foetal sexing;*
11. *Ultrasound examination for placental assessment;*
12. *Vaccinations and drenching;*
13. *Delivery of foals and associated problems;*
14. *Removal of retained foetal membranes;*
15. *Insurance exams, certificates and stud book identification;*
16. *Treatment for illness or injury;*
17. *Radiology and other diagnostic procedures;*
18. *Sedation (for any reason); or*
19. *Foal treatments (ie IgG Tests; Plasma transfusions).*

## ACCEPTANCE OF RISK

I acknowledge and accept the WVS Terms and Conditions which are available on its website at [willingapark.com.au/vet-hospital/admission-and-other-forms](http://willingapark.com.au/vet-hospital/admission-and-other-forms)

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 acknowledge that the breeding and rearing of any mare is a high risk activity and I that I have the option to insure against any losses.

I accept that follicle and pregnancy testing involves-rectal examinations and these procedures carry a small risk of serious injury including death to the mare. I acknowledge that a small percentage of pregnancies result in multiple embryos and Willinga Vet Services is authorised to undertake reduction to a single pregnancy. I acknowledge that this procedure can result in the loss of both embryos.

Positive results are not guaranteed or warranted. I understand that Willinga Vet Services takes no responsibility for the quality of the semen, or its disease or genetic status and no responsibility for any costs relating to collection, processing, transport or storage of semen, which are costs I agree to bear.

I agree to indemnify the Willinga Vet Services, the attending veterinarian, their servants 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

I have been provided with an estimate of the veterinary and associated fees relevant to the proposed procedure to which I am consenting. I understand that, if possible, the veterinary surgeon will attempt to inform me if the proposed fees are likely to exceed that estimate.

I agree to pay all charges incurred in relation to the mare, the procedure and any pre and post operative care.

I accept the risks and consent to the procedure and have read and understand the above terms and conditions and the WVS Terms and Conditions at [willingapark.com.au/vet-hospital/admission-and-other-forms](http://willingapark.com.au/vet-hospital/admission-and-other-forms) and agree to abide by them.

### PAYMENT DETAILS

#### CREDIT CARD

NAME ON CARD: \_\_\_\_\_ CARD NUMBER:        /        /        /

EXPIRY DATE:        /                VISA         MASTER CARD         AMERICAN EXPRESS

CARDHOLDER SIGNATURE: \_\_\_\_\_

SIGNED BY MARE OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED BY WITNESS: \_\_\_\_\_ NAME OF WITNESS: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_ ON BEHALF OF WILLINGA PARK. \_\_\_\_\_