

## EQUINE REPRODUCTION ADMISSION AND CONSENT FORM 2024/25

### 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

### Treatments may include

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 $\alpha$ )
- Deslorelin/HCG
- Oxytocin
- Altrenogest (Readyserve/Regumate/ovumate)

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

## **Cost Estimates per cycle**

- Fresh \$1100-1300, +/- out of hours /other fees, and agistment if needed
- Chilled \$1100-1300, +/- out of hours /other fees, and agistment if needed
- Frozen \$1900-2300, +/- out of hours /other fees, and agistment if needed

## **Agistment**

Agistment is \$69.50/day for a private yard per mare, \$75/day for mare + foal. Stabling is \$89/day for mare, \$115 for mare and foal. Please note, agistment is charged after the first day, and will be charged up to and including the day of discharge.

## **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 \$400 per vet visit, \$130 per nurse visit.
- Sedation if required for ultrasound exam, rectal or vaginal exam or artificial insemination procedures , \$68 - \$78.
- Semen collection fees (\$376.50 if the stallion is collected at Canberra Equine Hospital)
- Transport of semen to or from the airport or courier depot \$80.
- Storage of frozen semen beyond the last breeding cycle. Storage is then \$56 per calendar month.

## **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.

# CANBERRA Equine HOSPITAL

I, \_\_\_\_\_ (owner/agent), agree to pay all costs incurred in undertaking this Procedure for my mare \_\_\_\_\_ 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 estimated amount is \$\_\_\_\_\_ with exception to costs related to unexpected complications, agistment and other treatments and procedures as outlined above.

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*

## Owner Signature:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

## CEH Staff Witness:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_