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Equivet Australia – Equine Breeding Centre Admission Form

Equine Breeding Centre

Horse Name: _____ Arrival Date: _____

Sex: _____ Colour: _____ Breed: _____ DOB: _____

Brands: _____ Distinctive Markings: _____

Existing Injuries / Medical Conditions: _____

Mare Owner: _____

Address: _____

Phone: Home _____ Work: _____ Fax: _____

Mobile: _____ Email: _____

Preferred Communication: Phone / Fax / SMS / Email: _____

Does the mare have a foal at foot? Yes / No DOB: _____ Sex: _____ Colour: _____

Procedure: Embryo Transfer: _____ Number of attempts required: _____

Artificial Insemination: Chilled: _____ Frozen: _____ Stallion: _____

Foaling Down: _____ Last date of Service: _____

Semen Collection: _____ Semen Freezing: _____ Number of doses required: _____

Other: _____

Last Vaccination Date for Tetanus / Strangles: _____

(If unknown or over 12 months, horse will be vaccinated on arrival at EBC)

Last Date of Worming: _____ Product Used: _____

(If unknown or over 4 weeks, horse will be wormed on arrival at EBC)

Farrier Attendance Required: Yes / No Teeth Rasp Required: Yes / No

Agistment Type: Paddock: _____ Individual Yard: _____

I/We, _____ (insert full Name/s) state I/We are the owner/s or acting agent for the owner/s, admitting horses to the Equine Breeding Centre. I/We authorize the staff of Equivet (Australia) P/L, to engage in and carry out all services considered necessary for the successful treatment of our horse/s. I acknowledge that by signing this document I/We are appointing Equivet (Australia) P/L as duly authorized agents to carry out all necessary veterinary work as described on the admission form or as seen fit by the attending veterinarian. I/We acknowledge that I/We will be billed directly for all of the work conducted at the Equine Breeding Centre. I agree to pay all charges according to the terms of Equivet (Australia) P/L. This document is a good and valid authority to engage Equivet (Australia) P/L.

Signature: _____ Date: _____

Name: _____