Equivet breeding centre

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# MARE BREEDING FORM 2026

**EQUIVET BREEDING CENTRE REQUIRES 24 HOURS NOTICE PRIOR TO ARRIVAL**

***Admission Documentation & Non-Refundable Deposit must be paid before mare will be scanned***

## OWNER / AGENT DETAILS

Owner/Agent: .....

Address: .....

.....

Phone Home: ..... Work: .....

Mobile: ..... Email: .....

**You will be notified of scan or flush results. Please circle your preferred contact method: Phone / SMS / Email**

## BIOSECURITY INFORMATION

This is to certify that the mare/s left the property of origin at .....

**PIC NO: Property of Origin**: ..... **Destination**: 142 Jimna Springs Rd, Southbrook **QJJD2302**

- Does the horse appear normal? Yes ◯ No ◯
- Bat colonies have been observed on the property of origin & adjoining properties.
  Never ◯ Rarely ◯ Often ◯
- There have been no clinical cases of Hendra Virus Infection on this or adjoining properties
  Ever ◯ The past 3 months ◯ 6 months ◯ 12 months ◯
- Does the property of origin observe the recommended Bio-Security Measures? Yes ◯ No ◯
- Have you carried out your responsibilities regarding Tick Management Yes ◯ No ◯

Product used if coming from tick area _____

I/We state: I/We are the owner/s or acting agent for the owner/s, admitting horses to Equivet Breeding Centre. I/We authorize the staff of Equivet Breeding Centre, to engage in and carry out all services considered necessary by the attending veterinarian for the treatment of my/our horse/s. Breeding procedures carry a small risk of a rectal tear which can be life threatening. I/we acknowledge that by signing this document I/We are accepting the risks as described in these procedures and hold blameless Equivet Breeding Centre, its owners, partners, employees, and agents from all actions arising from any injuries/procedures/treatments. I/we are prepared to undertake & pay for a surgical procedure if required on my / our horse. I/We acknowledge that I/We will be billed directly for all the work conducted at Equivet Breeding Centre. I / we agree to pay all charges according to the terms of Equivet Breeding Centre. I /We also acknowledge that a positive pregnancy outcome cannot be guaranteed. I/We authorise Equivet Breeding Centre and its agents and employees the right to reproduce the photographs taken of my mare/foal for the purposes of teaching, promotion and advertising (eg on social media). This document is a good and valid authority to engage Equivet Breeding Centre.

**Signature of Owner (or Approved Representative)** **Contact Phone**

..... .....

**Name (Printed)** **Date**

..... .....

**MARE DETAILS** If you have more than one mare, please make additional copies of page 2

Horse Registered Name: .....

Stable Name: ..... DOB: ..... Colour: .....

Breed: ..... Breed Society Registration Number: .....

Microchip Number: ..... Brands: .....

Existing Injuries / Medical Conditions: .....

Rugs/ Possessions Supplied: .....

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

**VETERINARY INFORMATION**

Is your mare vaccinated for Hendra Virus? **Yes / No** Last Vaccination Date: .....

Last Vaccination Date for Tetanus / Strangles: .....
(If unknown or over 12 months, horse will be vaccinated on arrival at EBC)

Last Date of Deworming: ..... Foal Deworming: ..... Product Used: .....
(If unknown or over.4 weeks, horse will be wormed on arrival at EBC)

**A farrier will attend your horse as required while at Equivet Breeding Centre**
(Charges will be included on your monthly statement)

**BREEDING HISTORY**

Is your mare a maiden? **YES / NO** Has your mare been bred but never had a foal? **YES / NO**

**OR** has had foals? How many? ..... When was the last foal? .....

**SELECT PROCEDURE REQUIRED -** (for information on the following procedures please visit our website)

☐ Foaling Down: Last date of Service: .....

☐ Artificial Insemination: Semen Type: Fresh ◯ Chilled ◯ Frozen ◯

☐ Embryo Transfer: Semen Type: Fresh ◯ Chilled ◯ Frozen ◯

Number of ET flush attempts required: ..... Number of embryos required: .....

**AGISTMENT PREFERENCE** Paddock **(Hind shoes must be removed)** ◯ Individual Yard ◯

## THIS SECTION MUST BE COMPLETED

**CREDIT CARD DETAILS for chilled semen shipment:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

**Name on Card: ..... Exp: ____ / ____ CCV: _____**

**STALLION DETAILS**

**Stallion's registered Name**.....

Stallion Owner/ Agent: .....

Contact Details/Phone: .....

**EBC Use only**

**Arrival Date: ..... (Stay / Walk-On please circle) Weight on Arrival: .....**

**EBC Staff Signature: .....**