

Insurance:

YES

NO

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ABN 68 679 067 038

STALLION ADMISSION FORM 2024

EQUIVET BREEDING CENTRE REQUIRES 24 HOURS NOTICE PRIOR TO ARRIVAL

Please present to the Office on arrival to complete Admission Documentation & Pay Deposit

OWNER D	DETAILS									
Owner/Age	gent:									
Address:				•••••						
Phone Home: Work:										
Mobile:			Email:							
Preferred ((Please Circle	Communication: e)	: F	Phone / SM	S / En	nail					
BIOSECUE	RITY INFORMA	TION								
This is to certify that the stallion left the property of origin at										
PIC NO: Property of Origin:										
• Do	oes the horse ap	pear normal?	Yes	\bigcirc	No C)				
	t colonies have be ever 🔘	een observed on t Rarely 🔘	he property of Often	origin or adj	oining prop	perties.				
• The	ere have been no er	clinical cases of H the past 3 month		fection on th 6 months	is or adjoir	ning prope 12 moi		\circ		
• Do	es the property o	f origin observe tl	ne recommend	led Bio-Secur	rity Measur	es?	Yes	\bigcirc	No (\bigcirc
• Hav	ove you carried ou	t your responsibil	ities in regard	to Tick Mana	gement		Yes	\circ	No (0
Due to animal welfare considerations plus Workplace Health & Safety regulations for staff it is recommended that horses be either Hendra vaccinated prior to arrival or commence vaccination upon arrival at Equivet Breeding Centre. Vaccination may be compulsory if stallion needs to be referred to a veterinary surgical facility. For safety reason front shoes should be removed before admission to the breeding centre. If this is not possible, protective boots must be provided.										
STALLION Horse Regi	I DETAILS istered Name:									
Stable Nan	me:		DOB:		(Colour:				
Breed:			Breed Societ	y Registratio	on Numbe	er:				
Microchip	Number:				Brar	nds:				
	juries / Medical									
	sessions Supplie									

(Insurance cover is recommended for your stallion)

BREEDING HISTORY Previously covered mares? YES NO Previously had penis washed? YES NO Previously been collected by AV? YES NO Previously trained onto a stallion mount/ phantom? YES NO What do you usually handle your stallion with? **CHAIN BIT HALTER ONLY PROCEDURE REQUIRED** Standing at Equivet Breeding Centre for service to outside mares: Semen Collection for Shipment: Semen Collection for Freezing: Number of foals / doses required: Semen Evaluation **Jump Training** A storage charge will be applied for semen stored at Equivet Breeding Centre - please contact the office for details VETERINARY INFORMATION Has your stallion been vaccinated for Hendra Virus? Last Vaccination Date: Last Vaccination Date for Tetanus / Strangles: (If unknown or over 12 months, horse will be vaccinated on arrival at EBC) Product Used: Last Date of Worming: (If unknown or over.4 weeks, horse will be wormed on arrival at EBC) Would you like a farrier to attend to your horse as required while at Equivet Breeding Centre? YES / NO (Charges will be included on your monthly statement) A non-refundable deposit of \$750.00 is payable to Equivet Breeding Centre for Semen Freezing I/We state: We are the owner/s or acting agent for the owner/s, admitting this horse to Equivet Breeding Centre. I/We authorize the staff of Equivet Breeding Centre, to engage in and carry out all services considered necessary for the successful treatment of our horse. I acknowledge that by signing this document I/We are appointing Equivet Breeding Centre 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 Equivet Breeding Centre. I agree to pay all charges according to the terms of Equivet Breeding Centre. This document is a good and valid authority to engage Equivet Breeding Centre. Signature of Owner (or Approved Representative) **Contact Phone** Name (Printed) **Date**

(Stay / Walk-On please circle)

EBC Staff Signature:

EBC Use only

Date:

Weight on Arrival: