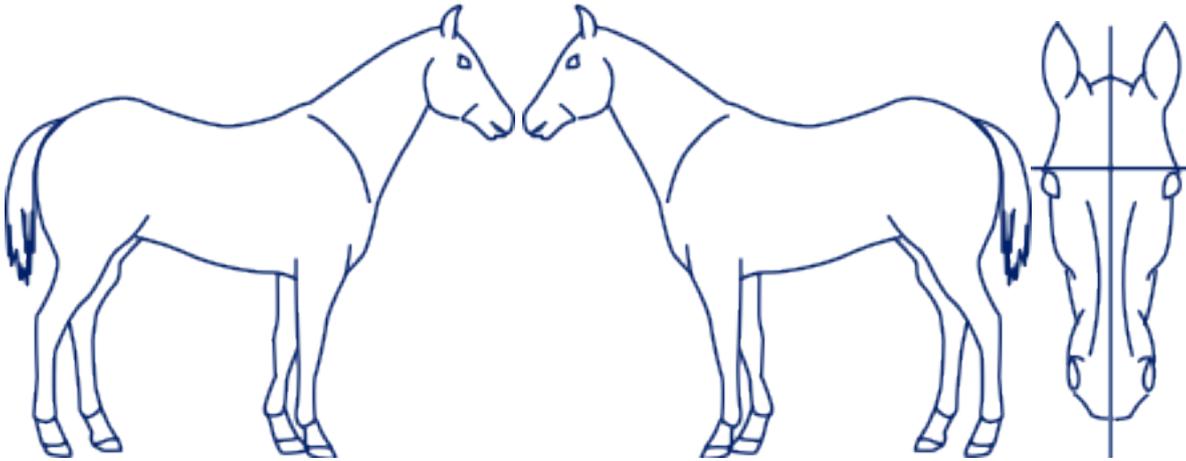




**WILLINGA PARK**

**HORSE NAME:** \_\_\_\_\_



Owner: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTRACT TYPE**

**Live   Chilled   Frozen   ET**

Arrival Date: \_\_\_\_\_

Age: \_\_\_\_\_      Colour: \_\_\_\_\_

Has your mare been scanned before:    **YES    NO**

Mare status:    **Maiden   DRY   WET**

Last Date of Worming: \_\_\_\_\_

Tet/Strangles Date Vaccination: \_\_\_\_\_

Hendra Date Vaccination: \_\_\_\_\_

**FOALING HISTORY**

Caslick                    **YES   NO**

Difficult Foaling        **YES   NO**

Retained Membr        **YES   NO**

FOAL DOB: \_\_\_\_\_    **COLT   FILLY**

AGISTMENT:    **INDIVIDUAL  
                     SHARED**

**STALLION DETAILS**

**1. Stallion Name:** \_\_\_\_\_

Stallion Owner/Agent: \_\_\_\_\_

Phone No: \_\_\_\_\_

Location Stallion/Semen: \_\_\_\_\_

**2. Stallion Name:** \_\_\_\_\_

Stallion Owner/Agent: \_\_\_\_\_

Phone No: \_\_\_\_\_

Location Stallion/Semen: \_\_\_\_\_

**3. Stallion Name:** \_\_\_\_\_

Stallion Owner/Agent: \_\_\_\_\_

Phone No: \_\_\_\_\_

Location Stallion/Semen: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

|                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>TFD USE ONLY</b></p> <p>ARRIVAL DATE: _____ DEPARTURE DATE: _____</p> <p>PACKAGE CHARGED: _____</p> <p>VACC: _____ WORMED: _____</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------|



WILLINGA PARK

**HORSE NAME:** \_\_\_\_\_

**Admission Date:** \_\_\_\_\_

#### Acceptance of Risk

If an agent of the owner, I confirm that I have the express authority of the owner to authorise the above Procedure. Positive results can not be guaranteed or warranted. Willinga Park can accept no responsibility for the quality of the semen, or its disease or genetic status. Willinga Park can accept no 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, causing a small but finite risk of injury, infertility or death. Reproductive hormones, sedatives and relaxants will be used at our discretion. Agistment is charged per day along with other fees as discussed. I have had the opportunity to discuss the Procedure proposed I acknowledge that I have read the above and understood the nature and consequences of the Procedure. I understand that the Procedure may involve some risk and I give my consent for the Procedure to be performed.

I/We also acknowledge that complications may develop because of the procedure(s), which may incur additional fees. As owner I agree to pay all charges incurred on discharge of my animal. Or, in case of dispute, I as agent agree to pay these costs. I/We acknowledge that post operative care may be required, and will be undertaken as deemed necessary by the attending Veterinary Surgeon.

I undertake to pay all costs incurred in undertaking this Procedure 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. All accounts must be settled on collection of the mare unless otherwise authorised.

Name Owner or Authorised Agent\* \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\* If signed by an agent of the owner, the agent warrants that he or she has full authority from the owner to provide the consent and the information contained in this Consent Form.