



WILLINGA PARK

ARTIFICIAL INSEMINATION FORM

Admission Date _____

Vet Surgeon Initials: _____ Signature: _____

OWNER/AGENT: _____

MARE NAME: _____

ADDRESS: _____

AGE: _____ COLOUR: _____

BREED: _____

TELEPHONE: _____

SIRE: _____

FAX: _____

DAM: _____

MOBILE: _____

Microchip: _____

EMAIL: _____

BRANDS: _____

INSURED? YES / NO : _____

I _____ (insert name of owner/agent*) authorise the veterinary surgeons Willinga Park to carry out the following ARTIFICIAL INSEMINATION procedure using **FRESH /CHILLED / FROZEN** semen on the above described mare:

Stallion/Semen to be used for the above mare: _____

Semen Supplier: _____ Ph: _____

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 consequence 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. That estimate amounts to \$ _____ with exception to costs related to unexpected complications. All accounts must be settled on collection of the mare unless otherwise authorised.

Name Owner/Agent*: _____ **Signature:** _____ **Date:** _____

* Please delete where not applicable