

TFD EQUINE VETERINARY SERVICES PTY LTD

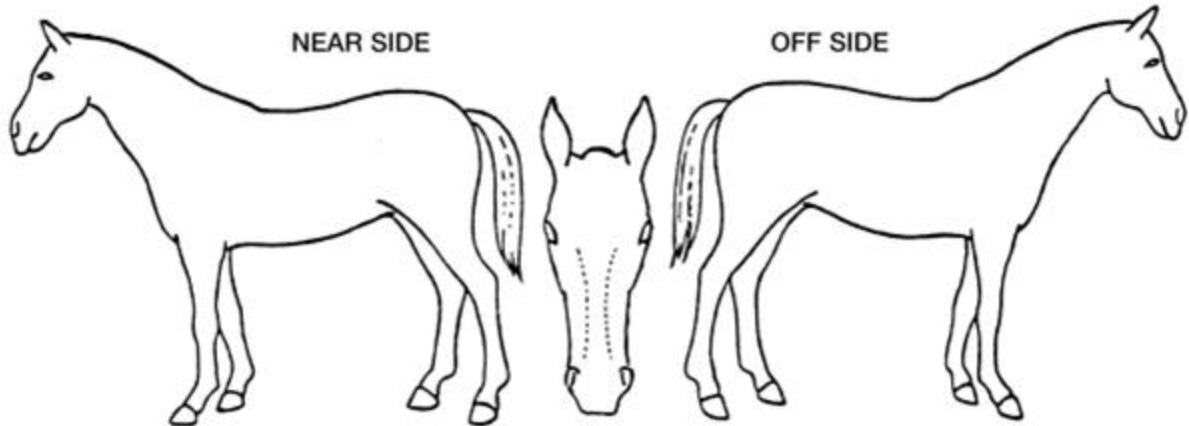
ABN 57 642 811 167

570 Womina-Willowvale Road, WILLOWVALE, QLD, 4370

Ph: 0437 722 441 E: info@tfdequinevet.com.au

MARE NAME: _____

CONTRACT TYPE: LIVE CHILLED FROZEN EMBRYO TRANSFER



MARE DETAILS:

Name: _____

Breed: _____ Age: _____ Colour: _____

Mare Status:

Maiden Dry Wet

Has your mare been scanned before: Yes No

Vaccination Status (please tick if current):

Tetanus Strangles Hendra EHV

OWNER DETAILS:

Owner: _____

Billing address: _____

Phone: _____

Email: _____

Alternative emergency contact (if applicable):

STALLION DETAILS:

1. Stallion Name: _____

Stallion Owner/Agent: _____

Phone No: _____

Location: _____

2. Stallion Name: _____

Stallion Owner/Agent: _____

Phone No: _____

Location: _____

3. Stallion Name: _____

Stallion Owner/Agent: _____

Phone No: _____

Location: _____

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. TFD Equine Veterinary Services Pty Ltd can accept **no** responsibility for the quality of the semen, or its disease or genetic status. TFD Equine Veterinary Services Pty Ltd 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 discussed. I have had the opportunity to discuss the procedure proposed and 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, 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 of 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.

<p>TFD USE ONLY</p> <p>Arrival Date: _____</p> <p>Departure Date: _____</p> <p>Package Charged: _____</p> <p>Notes: _____</p> <p>_____</p>
