

GOULBURN VALLEY EQUINE HOSPITAL
905 Goulburn Valley Highway
CONGUPNA VIC 3633
Ph: (03) 5829 9566 Fax: (03) 5829 9307
Email completed form to: reproduction@gvequine.com.au



STALLION FORM

Stallion Name:

Brands: L.....R.....Breed:..... Age:.....

Colour:..... Registration Number:..... Registered with:.....

Sire:..... Dam:..... SBS Reg. Number.....

Stallion's Condition on Arrival: Fat / Good / Fair / Poor Comments:.....

Reason For Admittance: Fertility Evaluation / Training To Breed / Transport Semen / Artificial Insemination / Frozen Semen

Frozen Semen Details:

Stallion's name as it should appear on straw:.....

Domestic Y / N Number Of Doses Required Export Y / N Number Of Doses Required

Export Countries..... DPI PIC # (Property Identification Code)

Insured: Yes / No Insurance Co: Contact Name:..... Phone:.....

Agistment: Paddock / Stable

All stallions will be lead with a chain while staying at GVEH. Please ensure your stallion has been trained/mouthed with a bit prior to arrival.

Breeding History: Hand served / Paddock served / Trained to Phantom / Never bred

GVEH suggests that head collars and rugs are not left with the horse. GVEH will not be held responsible for loss/damage of rugs and/or head collars. If you choose to do so please fill in the following:

Rug(s) Head Collar:..... Other:.....

Last Drenched:..... Drench Due:..... Product:..... Farrier: Trim / Shoe.....

Special needs: (teeth, farrier, drench):.....

Pre-existing Conditions/ Injuries:.....

Dietary Requirements:.....

Unusual Behavioural Habits:.....

CLIENT INFORMATION:

Name: Phone: (H)..... (W).....

(M)..... (Fax).....

E-Mail.....

Postal Address: Town..... Postcode.....

Residential Town..... Postcode.....

Emergency/ Other Contact Details:

Name: Phone: (H)..... (W).....

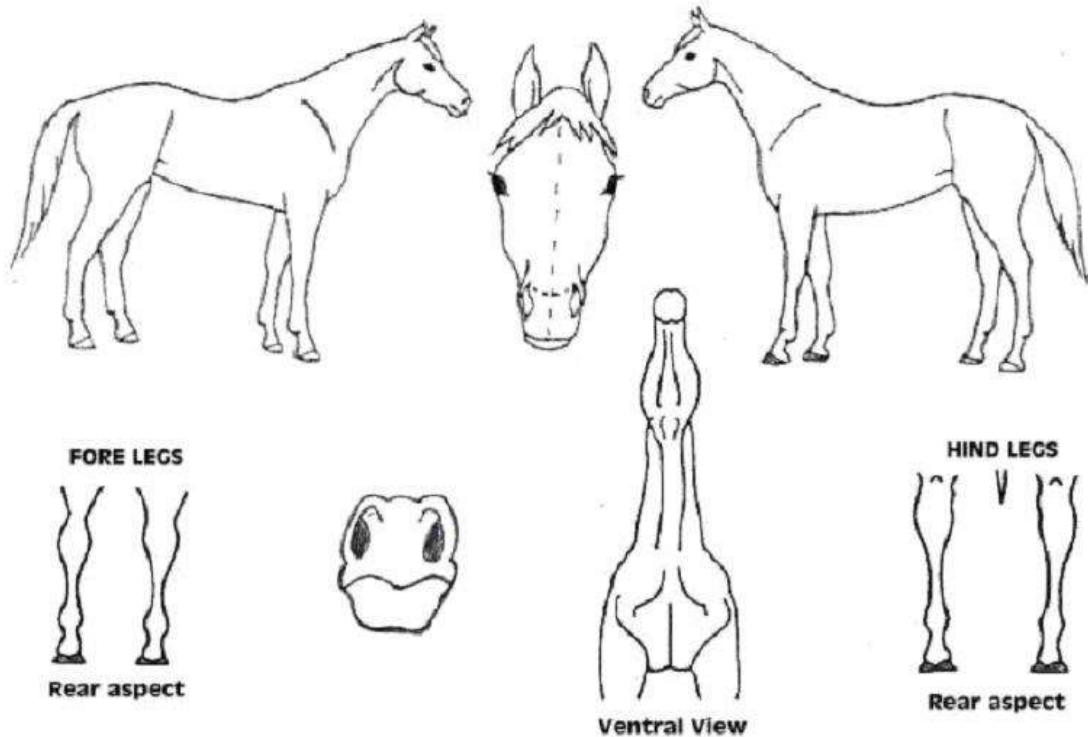
(M)..... (Fax).....

E-Mail.....

Address..... Town..... P/C.....

Transport To Hospital: Owner / Agent / Transport Co.:.....

Identification Diagram:



Key

Whorls = 'X'

Note other distinguishing marks. White markings, prophets' thumbs etc.

Disclaimer:

Goulburn Valley Equine Hospital (GVEH) will take all due care and provide attention and service to your horse(s) whilst they are at the hospital. However problems such as sickness, injuries and lameness may occur. In the event that you can not be contacted regarding treatment or unforeseen problems GVEH will treat as necessary. Every effort will be made to advise you prior to treatment. Any costs will be billed to the client.

Signature: Date:

Print Name

Admitting GVEH Staff:..... Date:

A deposit of \$4000 is required before work can commence on your stallion. If the work does not reach this amount then the remaining monies will be refunded. Costs over the deposit amount much be paid in full before the stallion leaves GVEH.

Method Of Payment: - (please circle)

Cash Cheque Credit Card

Card Number.....

Expiry Date.....

Signature.....

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Frozen Semen Storage

TERMS AND CONDITIONS

This is an Agreement dated ___ / ___ / _____ between Goulburn Valley Equine Hospital (GVEH) (the facility)

And

_____ (the Client) of

_____ (Residential address)

_____ (Postal address)

_____ (Contact number)

_____ (Email address)

_____ (Name of the stallion)

I agree to all correspondence being sent by email to the email address above:

Yes _____ No _____

_____ Signed by the client

The person signing must be the owner of the Semen or authorized by the owner of the Semen. If the client is a company, the person who signs this shall be an officer with authority to bind the company to the terms of this agreement.

Semen storage at GVEH is subject to the following agreement between the facility and our client.

Definition of Semen

Semen shall be equine semen currently stored cryogenically and able to be thawed for insemination. Semen should be in good order at time of arrival.

Deposit of Semen

This agreement becomes binding, and responsibility for storage begins, when;
- when the client has completed and signed this agreement.

- the semen arrives at the storage facility located at 905b Goulburn Valley Highway Congupna (Shepparton) Victoria 3633 and is determined to be in a viable condition. Semen should arrive during business hours (8am to 6pm, Mon – Fri).

Insurance

GVEH does not provide insurance cover for semen stored at its facility or in its possession. The client is responsible for insuring the semen, if required, against accidental damage, destruction or loss.

Storer Disclaimer

The client is aware that semen is fragile and can perish. The Goulburn Valley Equine Hospital is not liable for any claims, actions or lawsuits arising directly or indirectly from storage or delivery of semen.

Fees for Storage of Semen

The Goulburn Valley Equine Hospital will store for \$420 per annum inc GST to be billed on the 1st of July each year for the ensuing financial year (1st July to 30th June) or an amount pro rata (prices may be subject to change). The invoices will be sent to the named client's address or email address. Semen will not be released until full payment is received.

If the client does not pay for storage of semen within two months of invoicing, ie by the last day of August, the Goulburn Valley Equine Hospital will execute the following:

(1) The Goulburn Valley Equine Hospital will endeavour to contact by phone and by email, the owner and other persons responsible or connected, known to Goulburn Valley Equine Hospital to seek payment.

(2) If there is no contact with the client will then be referred to the GVEH debt collection agency. This will incur debt collection fees, payable by the client. If this process proves unsuccessful;

(3) Notice will then be provided, in writing, detailing particulars of the stallion. This will be sent by email, where available, and by registered post.

(4) Following the above actions, if the invoice and debt collection fees remain unpaid by the end of December, **the semen may be destroyed.**

Guarantee by company director

If the Client is a company and the person who has signed this Agreement is a director of the Client at the time of entry into this Agreement then that director shall be responsible by signing this Agreement and bound by a guarantee to meet any terms of this Agreement which the Client is obliged to meet but which is unable or unwilling to meet.

I agree to the above Terms and Conditions:

Signed: _____

Print name: _____