



## CLIENT MARE FORM 2020-21 (Shipped Embryo Contract)

**Mare Name:** .....

Breed:..... Use:..... Age:..... Colour: .....

Brands: LHS..... RHS..... Mare bred to (stallion name): .....

### CLIENT INFORMATION

Name: ..... Phone:..... E-mail):.....

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

**EMERGENCY CONTACT Name:**..... **Phone:**.....

Referring Vet Name: ..... Clinic: .....

Phone: ..... (E-mail):.....

**Disclaimer: This form must accompany the embryo. Please note: a surcharge applies for after-hours and weekend transfers.**

### Recipient mares for Embryo Transfer

Payment of the recipient mare lease is due and payable on 45-day pregnancy test. The fee of the recipient mare (\$3250.00) includes all drugs and pregnancy scans provided by GVEH up to and including the 45-day pregnancy scan. Agistment will be charged at \$14.00 + GST per day for the recipient mare after the 45-day pregnancy scan and added to your account.

It is the client's responsibility to provide transport for the recipient mare once the mare has been scanned 45 days in foal. Please notify the Reproduction Department a day before you have the recipient mare collected. If she is being collected on the weekend, please call on the Thursday before the weekend so that we can have her ready for departure.

It is the client's sole responsibility to provide all management and health care costs for the recipient mare until she is returned to Goulburn Valley Equine Hospital once the foal has been weaned. The cost of transport to and from GVEH for the recipient mare is the owner of the embryo's responsibility. The client is responsible for any agistment that the recipient mare may incur while away from GVEH. Please notify the office if the mare is ill, injured or loses the pregnancy or the foal dies. If the recipient mare contracts strangles, ringworm or any contagious diseases please notify the office. The recipient mare must be returned in a good health and condition.

GVEH will not be held responsible for any accounts payable for vet bills, transport or agistment due for the recipient mare during the lease period – this is the sole responsibility of the embryo's owner or agent as signed below.

I understand and agree to the terms set out by Goulburn Valley Equine Hospital in relation to the 2020/21 Shipped Embryo Contract.

Signed by Mare Owner: .....

GVEH Banking Details for direct deposit:

BSB: 063-527 Account#: 10315698

OR

Credit card details as follows:

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_

Amount: (\$425 per embryo, \$525 after-hours/weekend) \_\_\_\_\_