

# **Equine Hospital** and **Breeding Centre**

PERFORMANCE WELLNESS EXCELLENCE

#### **Artificial Breeding Cycle Charge Consent 2024-25 Season**

Owner Details Full Name:				
Address:			Post code:	
Email:	Phone :			
Mare Details Registered Name:			Breed	
Colour:	Age:	Brands n/s:	o/s:	
• Is the mare insure	d: <b>YES NO</b> Cor	mpany:	Policy Number:	
Stallion to be used:			Breed	
Type of Semen:	Fresh / Chilled	d / Frozen		
Stallion owner / Stu	d details:	Collec	tion days:	
Organize collection	and freight: (additio	nal charges apply)	Veterinary Clinic □ Client □	
**This fee d accordingly. performed of charged at \$  • All accounts • The owner at • Breeding • Follicle and infertility • Approximation and reduct • Reproduct • MVS accessinsurance • Murray V	27.15 per CHILLED seloes not include any Cycle fee only application of site will incur an action and rearing of mares is a lad pregnancy testing involuted and death.  ately 10% of all pregnancy tive hormones, sedatives pts no liability for any loss arrangements made for the teterinary Services (MVS) resulting any services (MVS) resulting incomplete the second services (MVS) resulting including the second services (MVS) resulting includes a service includes any services (MVS) resulting includes a service inc	medication or sedation es to services provided ditional charge above ares or \$45 per day for time of insemination Name of insemination of the following high risk activity and the owness per rectal examinations it is results in twins, these are y, this can occasionally result and relaxants will be used as suffered by the owner and the mare or its progeny reserves the right to charge	o CREDIT PROVIDED  ner has the option to insure against such loss this carries a small but finite risk of injury, e routinely managed by early identification t in the loss of both embryos.	
Signature:		Date:		



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### **Mare Breeding History**

Mare Name :				
GENERAL HISTORY				
Last tetanus vaccine:Last worming:				
Last farrier attendance: Last dental performed:				
Medical conditions or medications?				
Special feeding requirements:				
Behavioral issues/vices? ☐ <b>YES</b> ☐ <b>NO</b> If YES, please explain:				
CONCEPTION HISTORY				
STATUS: ☐ Foal at foot ☐ Previously foaled ☐ Maiden				
Has your mare been scanned before? $\square$ YES $\square$ NO				
YEAR LAST FOALED: NUMBER OF PREVIOUS FOALS:				
PREVIOUS BREEDING TECHNIQUES USED:   Frozen AI  Chilled/Fresh AI  Natural cover				
Has your mare ever required a caslick procedure? ☐ YES ☐ NO				
Difficulties with a particular technique?   If yes, please provide details:  ( For example: reaction to frozen semen, fluid accumulation)				
3. PREGNANCY HISTORY				
Does your mare have a history of twinning? ☐ YES ☐ NO				
Has your mare required progesterone supplementation during pregnancy? ☐ YES ☐ NO				
Has your mare ever lost a pregnancy? ☐ YES ☐ NO  If YES, at what stage? ☐ 14 to 45 days ☐ > 45 days  Please tick if any of the following apply to your mare:  ☐ Placentitis ☐ Difficult foaling / trauma ☐ Retained placenta ☐ Lactation issues				
ANY OTHER INFORMATION THAT MAY BE RELEVANT TO THE BREEDING OF YOUR MARE:				



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### **Payment Options**

I am aware that <u>payment for all breeding and associated services</u> provided by MVS is <u>required in full</u> at the time of insemination or discharge				
Please select one of the following options (please tick)				
1.				
<ul> <li>Payment to be <u>made in full</u> at time of invoicing or at time of discharge of horse from hospital</li> </ul>				
2.   Credit card payment				
<ul> <li>By providing credit card details I allow Murray Veterinary Services to process my     <u>payment in full</u> at time of invoicing or at discharge of horse from Murray Veterinary     Services</li> </ul>				
Credit Card details Visa / Mastercard				
Card Name:				
Card Number:				
Expiry Date:/				
Cvv:				
3. Payment through external credit provider Zip Pay or Vet Pay				
If payment cannot be made in full at the time of invoicing or discharge from hospital then credit may be applied for. Credit provided by Zip pay, Zip Money or Vetpay				
• For Terms and conditions or more information visit <a href="www.zip.co/help">www.zip.co/help</a> or <a href="https://vetpay.com.au/">https://vetpay.com.au/</a>				
By signing below, I agree to Murray Veterinary Services Payment and Credit terms and agree to pay the account in full on receipt of invoice or discharge of my animal from Murray Veterinary Services or transfer the account balance to the credit facility provided by Zip Pay Zip Money				
Name: Signature:				