



JEFFREY & LEE ANN HALL  
 3988 WIDE BAY HWY  
 KILKIVAN QLD 4600  
 Ph 0437 044116 / 0412 136096

**ARTIFICIAL INSEMINATION PROCEDURE CONSENT FORM**

OWNER / AGENT		HORSES NAME	
ADDRESS		AGE	
TELEPHONE		COLOUR	
MOBILE		BREED	
EMAIL		MICROCHIP #	
INSURED YES / NO		NEARSIDE BRAND	
IF YES - INSURER		OFFSIDE BRAND	
DELETE AS APPROPRIATE IN FOAL / FOAL AT FOOT / EMPTY / MAIDEN			

I ..... (insert name of mare owner/agent\*) authorise EquiNetics to carry out ARTIFICIAL INSEMINATION procedure on the above described horse using semen from the stallion.....(insert stallion name).

Stallion owner / agent contact details if not at EquiNetics

Name:..... Ph:..... Email:.....

If an agent of the owner, I confirm that I have the express authority of the owner to authorise the Procedure/s

I am aware that rectal ultrasound procedures will be carried out on my mare by EquiNetics and that there are risks involved in this procedure. I am aware that the procedures involved in the preparation, ultra sound scanning, insemination and post insemination procedures are carried out by Jeffrey & Lee Ann Hall and that neither are qualified veterinarians.

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 understand that it may take more than one cycle for a mare to conceive, particularly with frozen semen, and that some mares will not conceive at all. I undertake to pay all costs incurred in undertaking this Procedure including those associated with agistment and assume all risk and liability and understand that all costs must be paid in full prior to the mare being released.

**Please circle as appropriate** - The mare has / has not been rectally scanned before.

The board that I would prefer for the mare is  Private  Small Group  Pastured

I wish to be charged at  Per cycle fee or  Standard Fees as per fee listing

Special requirements / Equipment left with mare .....

Signature of Owner/Agent ..... Date: .....



<b>HORSE DETAILS</b>			
HORSES REGISTERED NAME			
STABLE NAME			
<b>OWNERS DETAILS</b>			
OWNERS NAME			
<b>VACCINATION RECORD</b>			
<b>TYPE</b>	DATE	NEXT DUE	
HENDRA			
TETANUS			
<b>STRANGLES</b>			
EHV 1/4			
OTHER			
<b>DRENCHING / INSECTICIDE</b>	DATE	NEXT DUE	
PRODUCT USED			

<b>TREATMENTS</b>		
DETAILS	DATE	COMMENTS

Please note – **All horses must be vaccinated against Strangles.** Although we do accept horses that are not Hendra vaccinated, it is our vets policy not to treat unvaccinated horses in some circumstances.  
 By signing this form you are acknowledging this policy and that your horse may go untreated for certain conditions if our veterinarian refuses.  
 You assume risk and responsibility.

Signed by owner / agent  
 .....  
 FULL NAME  
 .....  
 SIGNATURE  
 ..... / ..... / .....  
 DATE