

EmbryonixTM

*Freezing-Implanting & Storage
of Equine Embryos*



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CLIENT MARE FORM

Mare Name:

Date arrived:..... **Date departed:**.....

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

Brands: LHS.....RHS..... Microchip no:.....

Condition On Arrival: Comments.....

Please tick box accordingly

Procedure: Artificial Insemination **Embryo Transfer** Embryo Freeze Fertility Evaluation Natural Service

Status: Wet Dry Maiden Has your mare ever been scanned before YES NO

Agistment: . Group Single Yard Stable

Insured: Yes No If yes, please provide details: Company _____ Contact No's _____

EMBRYONIX suggests that head collars and rugs are not left with the horse. If you choose to do so please fill in the following:

Rugs (description).....Head Collars (description).....

Last Drenched:(product)..... Vaccination.....

Farrier: Are you happy for the staff of EMBRYONIX to use their own discretion in regard to the need for the farrier:
YES NO

Breeding (Infection / foaling etc).....
History
.....

.....Date last foaled:.....

CLIENT INFORMATION

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

(M).....(Fax).....(E-mail).....

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

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

Vet Name:..... Address:..... Town:.....P/C.....

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

All Stallion contact details must be filled in. All semen orders will be FAXED to the stallion owner unless otherwise specified

Stallion #1 : Semen Type: Fresh Chilled Frozen Contact: (name).....

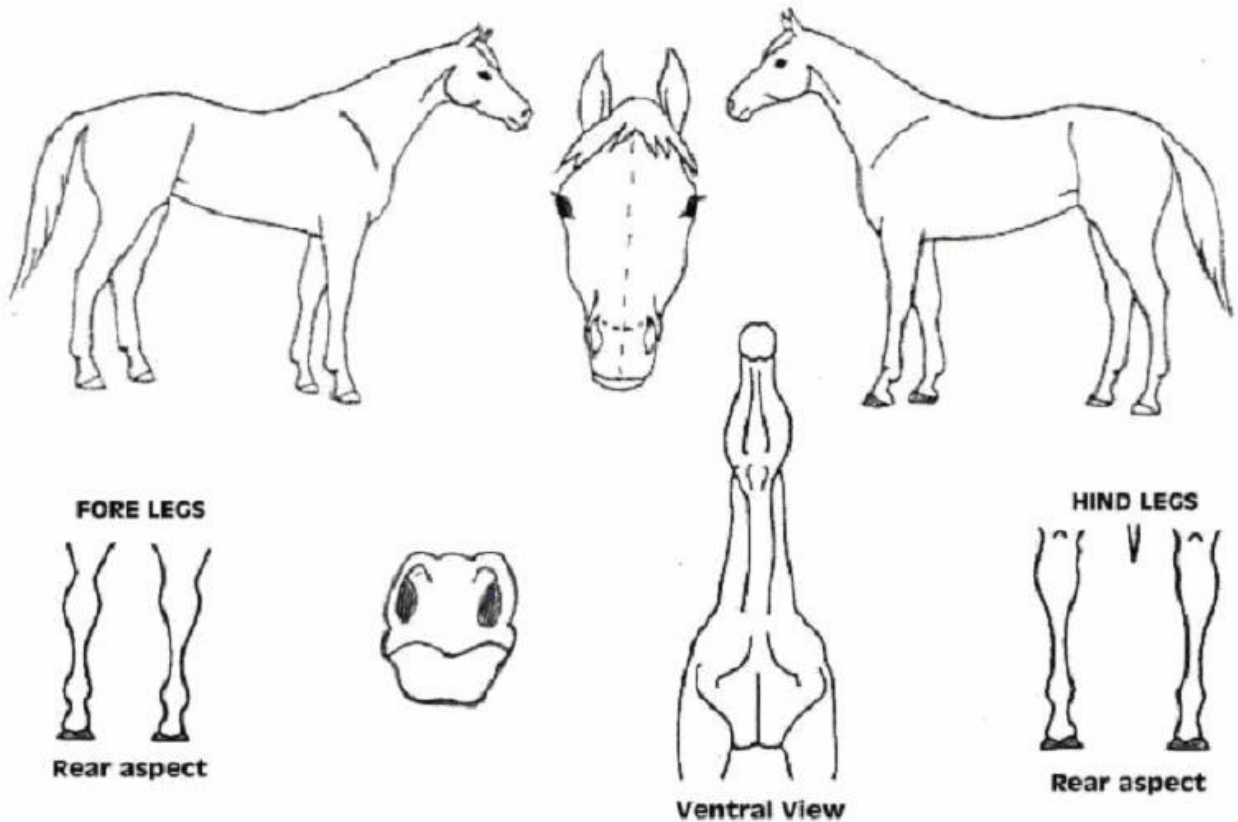
Phone:(M):.....(Fax):.....(E-mail):.....

Stallion # 2: Semen Type: Fresh Chilled Frozen Contact: (name)

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

Please note: A photocopy of your mares papers does not replace the need to fill in the markings on your mare as set out below.

Identification Diagram:



Key:

Whorls = 'X'

Note other distinguishing marks. i.e: White markings, prophets thumb etc.

Disclaimer: This form must be completed and signed before the arrival of your mare

EMBRYONIX will take all due care and provide attention and service to your horse(s) while they are at the hospital. However problems such as sickness, injuries and lameness may occur. In the event that you cannot be contacted regarding treatment or unforeseen problems EMBRYONIX will treat as necessary. Every effort will be made to advise you prior to treatment.

Positive pregnancy tests can not be guaranteed

The mare will be placed in the crush and be examined internally, causing a small but finite risk of injury, infertility or death.

Reproductive hormones, sedatives and relaxants will be used at our discretion.

Any costs will be billed to the client. Full payment is expected before your mare departs EMBRYONIX. Please make arrangements with the accounts department.

Signature.....

Mares for Embryo Transfer

An initial non refundable payment shall be made on the donor mares arrival which covers, insemination with chilled or frozen semen, embryo retrieval for up to 3 flushes. It does not include her agistment.

The final payment is due and payable on 45-day pregnancy test of the Surrogate mare. This cost includes all drugs, agistment and pregnancy scans, up to and including the 45-day pregnancy scan. After this date agistment will be charged at \$14.00 per day and billed to your account.

It is the client's responsibility to take care of the surrogate mare and return her to EMBRYONIX once the foal has been weaned. The cost of transport to and from EMBRYONIX for the surrogate mare is the owner of the embryo's responsibility. Please notify the office if the mare is ill, injured or loses the pregnancy or the foal dies. The surrogate mare must be returned in an acceptable condition.

EMBRYONIX will not be held responsible for any accounts payable for vet bills, transport or agistment due for the surrogate mare while in your care— this is the responsibility of the donor mare's owner/person leasing the donor mare.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

WITNESS: _____ DATE: _____

PRINT NAME: _____ TELEPHONE #: _____

The surrogate mare will not be released if this form has not been signed prior to her departure.

www.embryonix.com.au

Lot 3 Elliott Lane, Meroo Meadow NSW 2540. Phone 1300 488 688

IEC P/L - acn105 242 411