

OWNER/AGENT DETAILS*

MARE BOOKING FORM

This form must be completed **IN FULL** before the mare arrives at the centre OR before ambulatory work commenced

Address:	
	Emergency contact:
MARE DETAILS	
	Passport number:
	Microchip number:
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_	EMBRYO DONOR MARE RECIPIENT MARE FOALING DOWN DOU DO
BREEDING PROGRAM	
	Stallion owner/agent:
	Stallion owner email:
	Type of semen available: FRESH FROZEN
Stallion nomination contract signed: Yes	
	s?Source of recipient mares: Equibreed Own
HEALTH STATUS	
Date of EVA and EIA test and result:	Date of Strangles test and results:
Referring Vet; Name:	Number:
	'Flu and Tet due**:
Last wormed**:	Last farrier visit**:
·	isease in the last 3 months?
Any relevant medical history/ behavioral traits we i	need to know for handling and treatments:
LIVERY**	
Date of arrival:	Dropped off by:
Livery required: STABLED INDIVIDUAL TU	RNOUT 🔲 GROUP TURNOUT 🔲 FOAL AT FOOT 🔲
Feed instructions:	Bedding:
Welfare update instructions: WEEKLY/MONTHLY Ve	terinary update instructions:
Declaration; I have read and understood Equibreed UK's Price List and General Terms and Conditions and associated risk fact sheets where relevant. I agree that my horse has been signed out of the foodchain. I agreed to pay all accounts in full within 7 days of receipt	
of invoice *If you require us to invoice or update a differential for invoicing **For horses due to be resident at Equ	erent contact please inform us and provide contact details. Agents acting on behalf of owners must also provide owner ibreed
I do not consent to images of my mare, and foal to be used for marketing purposes I would not like my contact details to be included in relevant marketing communications from Equibreed UK Ltd	
Signed:	(Owner/Agent) Date:
Rarclays Rank Acc no: 93	102508 Sort Code 20-71-03 IRAN: GROARAPC2071-0383-1025-08