

This form must be completed **IN FULL** before the stallion arrives at the centre, please continue overleaf if required.

OWNER/AGENT DETAILS*	
Name:	Mobile no:
Address:	
Email:	Emergency contact:
STALLION DETAILS	
Name:	Passport number:
DOB:	Microchip number:
Breeding history:	
Services required: SEMEN ASSESSMENT	SEMEN COLLECTION SEMEN FREEZING DUMMY TRAINING
*If you require us to invoice or update a different contact please inform us and provide contact details. Agents acting on behalf of owners must also provide owner details for invoicing	
BREEDING PROGRAM Stallions Standing a	at Stud
Nomination contract defined? Y N  Semen freezing  How many doses of frozen semen are required?	
Date of EVA and EIA test and result: Date of Strangles test and result:	
Referring Vet, Name:	Phone number:
'Flu and Tet. Due: Last wormed: Last farrier visit:	
Has the stallion been ill in the last 6 months? Y N	
Has the stallion been in contact with any infectious disease in the last 3 months? Y N	
Any relevant medical history or behavioral history	
Date of arrival:	Feed or care instructions:
Welfare update instructions: WEEKLY MONTHLY. Veterinary 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 agreed to pay all accounts in full no later than 7 days after receipt of invoices. I agree that my horse has been signed out of the foodchain.    I do not consent to images of my stallion to be used for marketing purposes    I would like my contact details to be included in relevant marketing communications from Equibreed UK Ltd	
Signed: (Owner/Agent) Date:	

W: www.equibreed.co.uk E: enquiry@equibreed.co.uk P: 01189712994