

Western Prairie Equine Service

1380 Toulon Ave #B

Hays, KS

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Kris Harris, DVM, DABVP (equine)

Mare Care and Treatment Release

I, _____, agree to leave the following
animal(s), _____ with Western Prairie Equine
(Mare's registered name, as seen on papers)

Service *and* hereby authorize Western Prairie Equine Service to treat her/them.

Is mare insured? _____ Ins. Company and Phone Number: _____

___ Pregnant Mare ___ Maiden mare ___ Foal by side ___ Cultured (Clean/Infected)

The procedures to be performed include the following:
(Please check all that apply)

___ Foaling Services ___ Breed back at WPES

___ Pre-breeding exam (including trans-rectal ultrasound)

___ Artificial Insemination (Fresh cooled semen):

___ Breed to carry ___ Embryo Transfer - *see additional contract*

Name of Stallion: _____

Name of stallion station and contact person: _____

___ Artificial Insemination (Frozen semen)

___ Breed to carry ___ Embryo Transfer - *see additional contract*

Name of Stallion: _____

Name of stallion station and contact person: _____

___ Pregnancy detection (rectal palpation and trans-rectal ultrasound)

___ Boarding/hospitalization for treatment

___ Other _____

1. A \$500 deposit is required upon admission. All remaining account balances are payable at the time of dismissal.
2. A copy of the completed stallion contract and stallion owner contact information are provided to WPES by mare owner.
3. I acknowledge that there is no guarantee of conception with artificial insemination performed by WPES.
4. All animals left in the care of WPES must be in good general health and shall be determined free of infectious, contagious or transmittable disease. Horses will be examined on arrival and unhealthy animals will not be allowed to stay.
6. It is required that all mares be current on Coggins, vaccinations and deworming. A copy of the Coggins and vaccine record must be provided. Any horse that is not current will be administered the required vaccines and dewormer by WPES and the fees will be applied to owner's account.

Required vaccines: EWT/Rhino/Flu

Optional: West Nile/Rabies/Strangles/Rotavirus

7. I acknowledge that the requested activities provided at WPES are by their inherent nature dangerous activities and that participation by owner, his/her personnel, and horse(s) exposes them to risk of sickness, injury or death. Inherent risks includes but is ***not*** limited to:
 - personal injury or death of persons around owner's horse or other horse(s)
 - collision of owner's horse with another animal or object
 - potential that another horse may expose owner's horse to sickness
 - owner's horse behavior that may result in self-inflicted injury or death
 - injury or death due to unforeseen circumstance related to examination or treatment of owner's horse, such as but not limited to, a rectal tear.

I hereby specifically acknowledge I have been informed of the inherent risks potentially associated with the veterinary care of my mare (and foal, if at side) and fully release Western Prairie Equine Service and staff from any and all claims, demands, and liabilities.

Horse owner/Authorized Agent

Date

Below Office Use Only:

___ Vaccine Record Provided ___ Coggins Record Provided ___ Coggins Needed Drawn

___ Vaccines Needed: EWT Rhino Flu WN Rabies Strangles Rotovirus