



MARE ADMISSION FORM
(one form per mare)

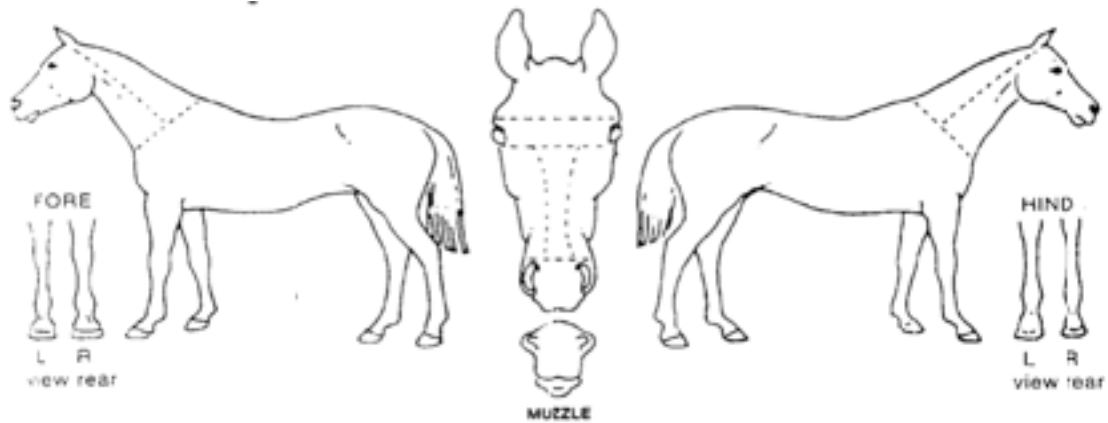
MARE OWNER DETAILS:

| | |
|--------------------------------|----------------------|
| NAME | |
| ADDRESS | |
| MOBILE | |
| EMAIL | |
| Emergency name and contact No. | |
| Estimated date to arrive | |
| Date of arrival & discharge | Office to fill out - |
| PIC mare came from | |
| WILMOR DOWNS PIC | QKPDOO64 |

MARE DETAILS:

| | |
|---|---|
| MARE NAME | |
| BREED & REGISTRATION NO. | |
| AGE | |
| COLOUR | |
| BRAND | |
| Up to date with Tetanus Vaccine | YES / NO |
| Up to date with Hendra Vaccine | YES / NO |
| Up to date with deworming Date last dewormed | |
| SIRE FOR THIS MATING SEASON | |
| BREEDING TYPE | FROZEN AI / CHILLED AI / NATURAL SERVE / EMBRYO |
| FOAL AT FOOT DATE OF BIRTH | |
| MAIDEN MARE | YES / NO |

MARE DESCRIPTION - Please include brands



ANY OTHER DETAILS -

Client Consent:

I am the owner / I am authorised by the owner to give consent (circle which is applicable) and I give my permission for the horse listed above to be admitted to Wilmor Downs Equine Breeding Services for breeding to the above stallion. I give my consent for any veterinary treatment that is required above and beyond general breeding practices, to be performed at Wilmor Downs will be at my own personal cost. I understand my mare will be bred by Wilmor Downs Equine Breeding Services and all veterinary treatment required will be performed by a registered vet. I understand that Wilmor Downs is not liable for any loss or damages to my livestock.

Owner Signature _____

*Please scan and email back to wilmordowns2@yahoo.com