

Office Use Only: ARRIVAL DATE: _____ DEPARTURE DATE: _____ PEN#: _____ TAG#: _____

Client Name: _____ Client Birthday: ____/____/____

Mare Owner Name(s) if different from : _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Phone: _____

Mare's Registered Name: _____ Age: _____

Mare's Breed: _____ Color: _____

How many foals has above mare carried: _____

How many embryos has the above mare had flushed: _____

Has mare required Regumate or Progesterone in the past? YES or NO;

Does your mare have a foal on its side? YES or NO

If YES, Foal Date of birth & Name: _____

Please list the stallion(s) in the order that you would like your mare bred in:

Stallion 1: _____ Circle: AI to Carry or Embryo Transfer

Contact Info: _____

Stallion 2: _____ Circle: AI to Carry or Embryo Transfer

Contact Info: _____

If you are doing EMBRYO TRANSFER work and will be leasing a recipient mare, please make sure you have filled out your embryo transfer contract with Oxbow Recipient Mare Services, located just down the road from Outback, if you will be using a different recipient mare provider and we will be shipping the embryo please list that in option 3 below. Please note the services provided hereunder by Oxbow are completed once the embryo is flushed; Outback assumes no responsibility for the shipping or transfer of the embryo. **Check the option that applies**

1. I am providing my own recipient mare: _____

2. I plan to use Oxbow Recipient Mare Services: _____

3. I plan to ship the embryo elsewhere: _____

ET Facility: _____

PAYMENT INFORMATION: (Select which option applies)

AI to Carry: _____ We require a \$300 deposit (per mare)

Donor Mare for Embryo Work: _____ We require a \$700 deposit (per mare)

*All remaining balances **MUST** be paid prior to the time of picking up your mare, there are no exceptions! If you are not the person picking up, please make arrangements with our staff prior to arrival at 208-454-5557. Credit cards will be kept on file and will be ran at the time of service for services rendered. **Mare Owner***

Initials: _____

Check: _____ Credit Card: _____ Cash: _____

Card Number: _____ Exp: _____ CVV: _____

Signature for authorization _____

Initial here indicating page 1 was read _____

Client acknowledges that handling, boarding and breeding large animals necessarily involves a certain amount of risk to the animal. By signing below, Client accepts all risks associated with the services to be provided by Outback hereunder, including without limitation, responsibility for any injuries, damages or death which may result from boarding, breeding, and/or transporting your mare. Client further waives, and agrees not to bring any claims against Outback, and or its owners, agents, members, employees, and/or insurers for any such injury, damage or death that may arise as a result of the services provided by Outback hereunder.

Client/Agent Signature: _____ Date: _____

Check if Applicable **TRANSPORTATION:** I hereby authorize Outback Equine Services to arrange for transportation of my mare to and from a veterinary care hospital. In doing so, I agree to indemnify, defend and hold Outback and/or the receiving veterinary care hospital harmless from any claims, damages, death, injury, expenses, costs or lawsuits arising from or related to the transportation of my mare, including without limitation attorneys' fees. For the purposes of section, the term "transportation" includes without limitation, loading, unloading and hauling my mare, whether individually or with other animals.

VETERINARY EMERGENCIES: In the event your mare becomes ill, or is injured, we will make every effort to contact you for further instruction. However, in the event of an emergency, or if we cannot timely reach you or your designated agent, you may authorize us to provide veterinary care by checking below. You may limit the amount of veterinary fees that will be incurred by including a dollar amount. In all other cases, animals will be kept as comfortable as possible until the owner can provide instruction on how to proceed.

I authorize Outback to provide emergency veterinary care for my mare up to the amount of \$ _____.

I do NOT authorize Outback to provide or arrange for veterinary care for my mare without specific instructions from me.

See page 3 for mares staying overnight/on-site at Outback for breeding

Vaccination Recommendation: With the large amount of horses that are living on-site at Outback, we recommend that your mare be vaccinated at least 2 weeks prior to arrival. We recommend consulting with your primary veterinarian for vaccination protocols that will fit your horse's needs. However, routine vaccinations often include Eastern, Western, West Nile, Rhino, Flu, and Tetanus.

The mare/donor mare owner hereby releases and shall indemnify and hold Outback Equine & Embryo Transfer Center harmless from any claim, demand, or loss arising from any disease, injury, or death to mare and/or foal, and/or pregnant recipient mare and/or foal in utero. **Initial Here:** _____

FEED OPTIONS:

HAY: (Circle one or both if a mix) Alfalfa or Grass

GRAIN: We offer graining to our on-site mares once daily *Bluebonnet Feeds ONLY*, our facility offers three options, please circle the option you would prefer (see separate form for details on each feed to best choose)

No grain Intensify Omega Force Intensify Growth & Development Senior Care

If your mare requires specific grain or supplements that are not listed above we ask our clients to bring the items needed at the time of drop off. (There will be a \$4 a day supplementation fee throughout their stay with us at Outback if using owner provided grain and/or supplements.)

If using owner provided grain/supplements, please list the supplement and feeding instruction below: _____

EXERCISE:

Would you like your mare to be put on our exerciser during their stay with us? YES or NO

(For \$50 a week we offer exercise programs to our client's mares Monday-Friday to help keep them in shape)

Please list your mare's current fitness level and what your expectations of her fitness level should look like so we can appropriately place her in an exercise program: For example *Broodmare just needing light exercise* _____

Does your mare have any known soundness/health issues: _____

FOOT CARE: *If your mare will be at Outback long term and is on a strict shoeing/trimming schedule we encourage you to make arrangements with your farrier to ensure they stay on schedule and are well maintained. If you need recommendations, we can give you a few great farriers numbers, just ask our staff at the front office!*

Mare came with: (example: winter blanket, soft ride, etc.) _____

Is your mare currently insured? YES or NO

If insured, who is your provider? (Company name, insurance agent, phone number, etc.) _____

Email forms back to: Outbackequine@gmail.com