Office Use Only: ARRIVAL DATE:_____DEPARTURE DATE:_____PEN#:_____TAG#:_____
Client Name:_____Client Birthday:_____/_____/_____

Mare Owner Name(s) if different from :_____
Address:_____City/State_____
Phone Number:_____Email:_____
Emergency Contact:_____Phone:_____
Mare's Registered Name:_____Age:_____
Mare's Barn Name:_____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, When was foal born? :_____

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:_____

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. Date of last vaccinations_____What vaccinations did you give?_____

Has your horse(s) been exposed to any infectious diseases (for example but not limited to: strangles, EHV-1, influenza and salmonella) in the last 3 months? At your facility/ home or other facilities you may have visited?_____
If yes: What were they exposed to?_____

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 farrier numbers, just ask our staff at the front office!

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 processed at the time of service for services rendered. ***Mare Owner Initials:_____***
Check: _____ Credit Card: _____ Cash:_____Card
Number:_____Exp: _____CVV:_____

Signature for authorization_____

Client acknowledges and understands that the handling, boarding, and breeding of large animals inherently involve certain risks, including, but not limited to, injury, illness, or death of the animal. By signing this agreement, Client voluntarily assumes all such risks associated with the services provided by Outback, including without limitation, any injury, damage, or death that may occur to the Client's mare.

Client expressly agrees to release, discharge, waive, and hold harmless Outback, including its owners, agents, members, employees, and insurers, from any and all claims, demands, liabilities, causes of action, or expenses of any kind, whether known or unknown, that may arise from or relate in any way to injury, damage, or death to the Client's animal resulting from or connected to the services provided by Outback under this agreement.

By signing this agreement, Client acknowledges and accepts the veterinary practices, treatments, and protocols involved in equine reproduction. Client further understands that breeding is an elective procedure with inherently uncertain outcomes. While Outback will exercise reasonable care and professional judgment in performing and supporting reproductive services, no guarantee is made or implied regarding pregnancy, live foal, or any specific result. Client accepts all risks associated with equine breeding and reproduction services provided under this agreement.

Client/Agent Signature:_____Date:_____

For purposes of this section, “transportation” shall include, without limitation, the loading, unloading, and hauling of the mare, whether transported individually or in a group with other animals.

□ Check if Applicable **TRANSPORTATION:** Client hereby authorizes Outback Equine Services (“Outback”) to arrange for the transportation of Client’s mare to and from our affiliate hospital-Idaho Equine Hospital. Client agrees to indemnify, defend, and hold harmless Outback and the receiving veterinary care hospital, including their respective owners, agents, employees, and affiliates, from and against any and all claims, liabilities, damages, losses, injuries, deaths, expenses, costs, or legal actions (including reasonable attorneys’ fees) arising out of or related to the transportation of the mare.

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._____

Is your mare currently insured? YES or NO
If insured, who is your provider? (Company name, insurance agent, phone number, etc.)
_____
_____

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. 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 panel 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:

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

Are you ok with us sharing pictures of your mare on social media, website, in office etc.?_____YES _____ NO

Are you ok with us sharing info regarding your mare's registered name and what stallion she was bred to?
___YES ____NO

Email forms back to: Outbackequine@gmail.com