



15281 Mink Road, Caldwell ID 83607 (208-454-5557)

ON-SITE STALLION FORM

ClientName: _____

Address: _____

Phone Number: _____ Email: _____

Stallions Registered Name: _____ Age: _____

Breed: _____ Color: _____

Stallions Barn Name: _____

Is your stallion currently insured? YES or NO

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

Has your stallion been trained & collected from a phantom?: _____

Vaccination Recommendation: With the large number of horses that are living on-site at Outback, we recommend that they be vaccinated prior to arrival. As we do not recommend vaccinating them in the midst of breeding season, due to them having the chance at a vaccine reaction that could decrease their semen quality. 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 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 stallion, mare and/or foal, and/or pregnant recipient mare and/or foal in utero. **Initial Here:** _____

FEED OPTIONS:

HAY: (Circle one) Alfalfa or Grass or Mix of both

GRAIN

Initial the option you would like below:

1. I would like my stallion to be on OUTBACK'S graining and supplement protocol... (On-site stallions get grain once daily a 3QT scoop, our facility recommends INTENSIFY OMEGA FORCE for BREEDING Stallions) In addition we have found that Platinum performance supplements have been proven to help aid in reproductive success, hair coat, and overall health. Grain & supplement \$350/mo: _____ Grain only \$150/mo _____

2. I would like to provide my own grain and supplements. If selecting this option, we ask our clients to bring the items needed on a regular basis. (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: Optional panel walker exercise. \$8 per day. Please list your stallion's current fitness level _____

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

FOOT CARE: *Mark one option...*

1. I would like to have my farrier shoe/and/or trim my stallion, I plan to coordinate my farrier to come to Outback on a set schedule and will take care of the details: _____

2. I would like Outback to have a farrier of their choice take over my stallions' foot care while he's at Outback, farrier work will be billed to my account and my card on-file will be charged: _____

Items that Stallion came with: (example: winter blanket, soft ride, etc.) _____

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 stallion 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.

Initial Here authorizing transporting if needed: _____

VETERINARY EMERGENCIES: In the event your stallion 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.