OUTBACK
EQUINE REPRODUCTION CENTER

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

Client Name:_____Client Birthday ____/____/____
Address:_____
Phone Number:_____Email:_____
Stallion Registered Name:_____
Registration Number:_____Barn Name:_____
Age:_____ Breed:_____Color:_____

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?: YES or NO

Has your stallion live bred previously? YES or NO

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.

What has your stallion been vaccinated with?_____

When was your stallion vaccinated last?_____

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?_____

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: _____

PAYMENT INFORMATION:

All balances MUST be paid prior to the time of picking up your stallion, 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.

Card Number:_____Exp: _____CVV:_____
Client/ Agent Signature:_____Date:_____

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 grain… (On-site stallions get grain once daily a 3QT scoop), our facility uses Blue Bonnet Feeds _____

2. I would like to provide my own grain and supplements. If selecting this option, we ask our clients to bring the items needed upon arrival and replenish on a regular basis. _____

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, fly mask, soft rides, etc.)*
_____

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

Are you ok with us sharing info regarding your stallion's registered name and who he was bred to? _____YES _____NO

For purposes of this section, “transportation” shall include, without limitation, the loading, unloading, and hauling of the stallion, 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 stallion 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 stallion.

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 stallion up to the amount of $_____.

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

Client acknowledges and understands that the handling, boarding, collection, and management of stallions 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 services provided by Outback, including without limitation any injury, damage, or death that may occur to the Client’s stallion while in Outback’s care.

Client expressly agrees to release, discharge, waive, and hold harmless Outback—its owners, agents, members, employees, and insurers—from any and all claims, demands, liabilities, causes of action, or expenses of any kind, known or unknown, arising from or related in any way to injury, damage, or death of the Client’s stallion resulting from or connected to the services provided under this agreement.

By signing this agreement, Client acknowledges and accepts the veterinary practices, treatments, and protocols involved in stallion management and reproductive procedures. Client further understands that semen collection and processing are elective procedures with inherently uncertain outcomes. Outback will exercise reasonable care and professional judgment in the collection, processing, handling, evaluation, and shipment of semen. However, no guarantee is made or implied regarding semen quality, motility, fertility, conception, pregnancy, live foal, or any specific breeding result. Client accepts all risks associated with stallion reproduction services and the use of semen provided under this agreement.

Client/Agent Signature:_____Date:_____

Please email form back to: kelly.outbackreproduction@gmail.com