

Outback Equine Reproduction Center  
15281 Mink Road  
Caldwell ID 83607

**OFFSITE STALLION**

Client Name: \_\_\_\_\_ Client Birthday \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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.)

**Vaccination Recommendation:** With the large amount of horses that are living on-site at Outback, we recommend that your horse 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 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:** \_\_\_\_\_

Has your stallion been collected off of a phantom prior? YES or NO

Service: \_\_\_\_\_

**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: \_\_\_\_\_

**TO COMPLETE IF STAYING OVERNIGHT AT OUTBACK**

**FEED OPTIONS:**

**HAY:** (Circle one)    *Alfalfa*    or    *Grass*

**GRAIN:** We offer graining to our on-site stallions once daily at \$5 a day for a 3QT scoop, our facility offers three options, please circle the option you would prefer:

*No grain*    *Bluebonnet Intensify Omega Force*    *Growth & Development*    *Senior*

*If your STALLION 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 \$2 a day supplementation fee throughout their stay with us at Outback if using owner provided grain and/or supplements. Plus the cost of items if we have to order when supply runs low)*

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

**EXERCISE:** (\$50 a week) *Would you like your stallion exercised?*    *Yes*    or    *No*

*Please list your stallions current fitness level* \_\_\_\_\_  
\_\_\_\_\_

*Does your stallion have any known soundness/health issues:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Stallion came with: (example: winter blanket, soft ride, etc.)*  
\_\_\_\_\_

*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 or stallion whether individually or with other animals.*

***VETERINARY EMERGENICES:*** *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.*

*Client/ Agent Signature:\_\_\_\_\_ Date:\_\_\_\_\_*