



Exclusively Equine Veterinary Services

ABN 54 297 608 702

41 O'Shea Rd Hatton Vale QLD 4341

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Please complete and fax to our office on 07 5411 4987 or email prior to arrival

NEW CLIENT: YES or NO

OWNER NAME: _____

BILLING ADDRESS: _____

CONTACT NUMBERS: (H) _____ (M) _____ (W) _____

PROCEDURE REQUIRED: : _____

I WISH TO BE UPDATED ON MY HORSES PROGRESS VIA: TEXT PHONE or EMAIL (please circle)

PREFERRED MOBILE NO. OR EMAIL _____

IN CASE OF EMERGENCY ADDITIONAL CONTACT PERSON: NAME: _____ (PH) _____

ARRIVAL DATE: _____ **HORSE NAME:** _____ **Stable Name (if applicable)** _____

SEX: ____ **DOB:** _____ **COLOUR:** _____ **BREED:** _____ **BRANDS:** _____ **PHOTO TAKEN:** Y or N

DISTINCTIVE MARKINGS (BLAZE, STAR etc) _____ **BODY CONDITION (Weight):** _____ LIGHT NORMAL HEAVY

EXISTING INJURIES/RECURRING MEDICAL INJURIES/CONDITIONS TO NOTE: _____

VACCINATION STATUS (Please circle if current) TET STRANGLES EHV₁₄ HENDRA SALMONELLA

CONTAGIOUS/INFECTIOUS DISEASES: (please circle)

HAS YOUR HORSE BEEN EXPOSED TO OR SUFFERING FROM ANY OF THE FOLLOWING IN THE PAST 14 DAYS

HENDRA YES or NO EHV YES or NO

STRANGLES YES or NO DIARRHOEA YES or NO

TEMPERATURE YES or NO COLIC YES or NO

OTHER YES or NO **DETAILS** _____

VACCINATIONS & EXTRA TREATMENTS REQUIRED (please circle) :

TETANUS/STRANGLES 2 IN 1 YES or NO covered FARRIER ATTENDANCE YES or NO

DUVAXYN EHV 1,4 YES or NO covered DENTAL YES or NO

BOTULISM YES or NO GENERAL WORMING YES or NO

SALMONELLA YES or NO covered FAECAL EGG COUNT ES or NO

HENDRA YES or NO covered

PAYMENT INFORMATION (please circle):

Please note: No horse will be permitted to leave E.E.V.S. without the balance of the account finalised.

DEPOSIT: \$ _____ **PAID:** YES NO

AGISTMENT: \$ _____ (To be paid weekly or on departure, whichever is earliest) **PAID:** YES or NO

AMOUNT PAID: \$ _____ CASH / CHEQUE / CREDIT CARD

IS THE HORSE INSURED: YES or NO **INSURANCE COMPANY:** _____ **CONTACT NUMBER:** _____

It is agreed that the horse will be agisted at 41 O'Shea Road Hatton Vale being the registered premises of the Exclusively Equine Breeding Centre for the purpose of diagnostic assessment.

Name of horse: _____

It is understood that

- All necessary treatments will be performed to attain the above purpose at the expense of the owner.
- Success cannot be guaranteed but the veterinary staff will do their best to achieve a satisfactory result in as shorter time as possible.
- The horse will be kept in the facilities as seen by the owner or owner's agent who has had the opportunity to assess these facilities as a safe environment for the horse.
- Horses may be placed in a crush and examined internally, causing a small but definite risk of injury, infertility or death.
- Reproductive hormones, sedatives and relaxants may be used at the veterinarian's discretion and at the owner's expense.
- In the event of mishap or illness the veterinary staff will attempt to contact the owner immediately. If the owner cannot be contacted with regard to the treatment options then the vet will perform whatever treatment is deemed necessary at the expense of the owner.

I/We, _____ (insert full Name/s), state I/We are the owner/s or acting agent for the owner/s, admitting horses to the Exclusively Equine Breeding Centre. I/We authorise the staff of Exclusively Equine Veterinary Services, to engage in and carry out all services considered necessary for the successful treatment of our horse/s. I acknowledge that by signing this document I/We are appointing Exclusively Equine Veterinary Services as duly authorised agents to carry out all necessary veterinary work as described on the admission form or as seen fit by the attending Veterinarian. Exclusively Equine Veterinary Services holds no responsibility for transport arrangements or tack left with horses on arrival. I/We acknowledge that I/We will be billed directly for all of the work conducted at the EEVS Equine Breeding Centre. I agree to pay all charges according to the terms of Exclusively Equine Veterinary Services. This document is a good and valid authority to engage Exclusively Equine Veterinary Services.

Signature: _____ **Name:** _____

Date: _____