Murray Veterinary SERVICES

Equine Hospital and **Breeding Centre**

PERFORMANCE
WELLNESS
EXCELLENCE

Artificial Breeding Cycle Charge Consent 2026-27 Season

Owner Details

Full Name:_____

Address:_____ Post code: _____

Email: _____ Phone :_____

Mare Details

Registered Name:_____ Breed _____

Colour:_____ Age: _____Brands n/s:_____ o/s:_____

● Is the mare insured: ☐ **YES** ☐ **NO** Company:_____ Policy Number: _____

Stallion to be used: _____ Breed_____

Type of Semen: Fresh / Chilled / Frozen

Stallion owner / Stud details:_____ Collection days:_____

Organize collection and freight: (additional charges apply) Veterinary Clinic ☐ Client ☐

Terms and conditions

- A Fee of **$711.30 per CHILLED** semen cycle or **$1005.45 per FROZEN** semen cycle will apply. **This fee **does not include** any medication or sedation used and will be charged accordingly. **Cycle fee only applies to services provided at MVS** any services requested to be performed off site will incur an additional charge above the contract price. Agistment will be charged at $40 per day for dry mares or $55 per day for wet mares
- All **accounts are payable at the time of insemination NO CREDIT PROVIDED Initial:**_____
- The owner acknowledges and accepts the following
  - Breeding and rearing of mares is a high risk activity and the owner has the option to insure against such loss
  - Follicle and pregnancy testing involves per rectal examinations, this carries a small but finite risk of injury, infertility and death.
  - Approximately 10% of all pregnancies results in twins, these are routinely managed by early identification and reduction to a single pregnancy, this can occasionally result in the loss of both embryos.
  - Reproductive hormones, sedatives and relaxants will be used at our discretion
  - MVS accepts no liability for any loss suffered by the owner and the owners shall be solely responsible for all insurance arrangements made for the mare or its progeny
  - Murray Veterinary Services (MVS) reserves the right to charge the owner interest of 5% per month on all late payments and the owner agrees to pay all fees charged, interest and any legal fees incurred by MVS.

Name: _____

Signature:_____ Date: _____

92 Fishermans Road, West Coolup WA
All correspondence to: PO Box 509, Pinjarra,
Western Australia 6208 Phone: (08) 9530 3751 |
Email: admin@murrayvets.com.au
ABN: 41 135 603 664

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Mare Breeding History

Mare Name : _____

GENERAL HISTORY

Last tetanus vaccine: _____Last worming: _____

Last farrier attendance: _____ Last dental performed: _____

Medical conditions or medications? _____

Special feeding requirements: _____

Behavioral issues/vices? ☐ **YES** ☐ **NO** *If YES, please explain:* _____

CONCEPTION HISTORY

STATUS: ☐ Foal at foot ☐ Previously foaled ☐ Maiden

Has your mare been scanned before? ☐ **YES** ☐ **NO**

YEAR LAST FOALED: _____ NUMBER OF PREVIOUS FOALS: _____

PREVIOUS BREEDING TECHNIQUES USED: ☐ **Frozen AI** ☐ **Chilled/Fresh AI** ☐ **Natural cover**

Has your mare ever required a caslick procedure? ☐ **YES** ☐ **NO**

Difficulties with a particular technique? ☐ **YES** ☐ **NO**
*If yes, please provide details:*_____
***(** For example: reaction to frozen semen, fluid accumulation)*

3. PREGNANCY HISTORY

Does your mare have a history of twinning? ☐ **YES** ☐ **NO**

Has your mare required progesterone supplementation during pregnancy? ☐ **YES** ☐ **NO**

Has your mare ever lost a pregnancy? ☐ **YES** ☐ **NO**
If YES, at what stage? ☐ **14 to 45 days** ☐ **> 45 days**

Please tick if any of the following apply to your mare:
☐ **Placentitis** ☐ **Difficult foaling / trauma** ☐ **Retained placenta** ☐ **Lactation issues**

- ANY OTHER INFORMATION THAT MAY BE RELEVANT TO THE BREEDING OF YOUR MARE:
  _____

_____

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Payment Options

I am aware that payment for all breeding and associated services provided by MVS is required in full at the time of insemination or discharge **Initial: _____**

Please select one of the following options (please tick)

1. ☐ **Cheque/cash/direct deposit to bank account**

   - Payment to be **made in full** at time of invoicing or at time of discharge of horse from hospital

2. ☐ **Credit card payment**

   - By providing credit card details I allow Murray Veterinary Services to process my **payment in full** at time of invoicing or at discharge of horse from Murray Veterinary Services

     Credit Card details Visa / Mastercard

     Card Name: _____

     Card Number: _____ _____ _____ _____

     Expiry Date: _____ / _____

     Cvv: _____

3. ☐ **Payment through external credit provider Zip Pay or Vet Pay**

   - If payment cannot be made in full at the time of invoicing or discharge from hospital then credit may be applied for. Credit provided by Zip pay, Zip Money or Vetpay
   - For Terms and conditions or more information visit www.zip.co/help or https://vetpay.com.au/

By signing below, I agree to Murray Veterinary Services Payment and Credit terms and agree to pay the account in full on receipt of invoice or discharge of my animal from Murray Veterinary Services or transfer the account balance to the credit facility provided by Zip Pay Zip Money

Name: _____ Signature: _____

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