



PLEASE COMPLETE THE APPROPRIATE BOX AND SIGN THE DECLARATION

FOR MARES COMING TO STUD

Date of last CEM swab ____/____/____ (please provide certificate - see Terms & Conditions)

Date of last EVA test ____/____/____ (please provide certificate - see Terms & Conditions)

Vaccinations: Tetanus ____/____/____ Influenza ____/____/____

Other (please specify) ____/____/____

Has the mare previously had: (Delete as appropriate)

- | | |
|--|---|
| (a) Uterine Infections YES / NO | (b) Her Vulva stitched (Caslick operation) YES / NO |
| (c) Retained Placenta YES / NO | (d) Genital tract damage from earlier foalings YES / NO |
| (e) Treatment for infertility YES / NO | (f) Haemolytic foal YES / NO |

If YES to any of these questions, please attach details.

When do you expect to send the mare to us? _____

Foal at foot? YES / NO

Is the mare/foal covered by a comprehensive Insurance Policy? YES / NO

If so, is the mare covered for Foaling Risks? YES / NO

So that appropriate veterinary treatments can be administered when necessary, please indicate which declaration has been signed in the Passport:

Intended / Not intended for slaughter for human consumption.

(Delete as appropriate)

I accept that whilst at stud my mare (and foal) will receive every possible care and attention and confirm that I am prepared to accept all charges for such care. I accept that no responsibility can be accepted by Phoenix National Stud for any accident or disease. Furthermore, I agree that all fees due will be paid on collection of the mare from the Stud. I understand that if my mare is certified not in-foal on October 1st of the current season I am entitled to a free return stud fee unless some other arrangement has been agreed in writing. I confirm that I have read and agree to be bound by the Phoenix National Stud Terms & Conditions.

We should be made aware of any other information and of any special requirement that you feel is relevant.

Signature _____ Print _____ Date _____

FOR TRANSPORTED SEMEN (FOR MARES NOT COMING TO STUD)

Date of last CEM swab ____/____/____ Date of last EVA test ____/____/____

Has the mare previously had: (Delete as appropriate)

- | | |
|--|---|
| (a) Uterine Infections YES / NO | (b) Her Vulva stitched (Caslick operation) YES / NO |
| (c) Retained Placenta YES / NO | (d) Genital tract damage from earlier foalings YES / NO |
| (e) Treatment for infertility YES / NO | (f) Haemolytic foal YES / NO |

If YES to any of these questions, please attach details.

When do you expect to inseminate the mare? _____

Foal at foot? YES / NO

I accept the Terms & Conditions and agree to pay all charges relating to this agreement. All stud fees, collection and transport costs are payable prior to shipment of transported semen. I confirm that I have read and agree to be bound by the Phoenix National Stud Terms & Conditions.

We should be made aware of any other information and of any special requirement that you feel is relevant.

Signature _____ Print _____ Date _____

