

# 2024 Mare Reproductive Contract

info@westcoastvets.com.au | (08) 9393 3373 | www.westcoastvets.com.au  
10 Freeman Rd Forrestdale WA 6112

## BREEDING YOUR MARE WITH CHILLED / FRESH SEMEN INFORMATION 2024

\$650 FIRST CYCLE OR \$325 FOR SUBSEQUENT CYCLE

### The FRESH/CHILLED semen contract includes:

- Unlimited ultrasound scans
- Insemination
- Up to 2 uterine lavages per cycle
- Reproductive drugs \* ( these include ovulating drugs, and post breed oxytocin. Readyserve/progesterone and sedation are NOT included)
- All pregnancy scans up to 45 days

It **does NOT** include laboratory costs, agistment or other drugs used. It does not include sedation charges. All frozen sperm doses are analysed after thawing and are assessed. The mare owner is responsible for all freight costs associated with the delivery of the breeding doses to West Coast Vets.

### AGISTMENT

West Coast Vets offer limited agistment at 10 Freeman Rd Forrestdale with safe large sand mare and foal yards with summer misters and horseshoe paddocks for foaling down. Mare owners can choose whether to have their mares in a yard or paddock. We feed high quality feed including Hygain Ice and Hygain Tru Breed, with choice of meadow/lucerne or oaten hay. Mare diet forms will be completed when mares are dropped off.

**Agistment rates are Stallions \$45 per day Dry Mare \$30 per day and Wet Mare \$40**

## FRESH/CHILLED SEMEN BREEDING AGREEMENT 2024

Between West Coast Vets and (mare owner) \_\_\_\_\_ of mare \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_

It is agreed that the nominated broodmare, \_\_\_\_\_

will be accepted at West Coast Vets to be bred to the following nominated Stallion, \_\_\_\_\_  
using frozen semen and that the mare owner agrees to pay promptly all fees & charges related to this service.

1. The mare owner agrees to make a separate agreement with the stallion owner to pay for all necessary service fees and to arrange for the delivery of semen to West Coast Vets before admission of the mare to the Clinic.
2. The mare owner agrees to pay the FRESH/CHILLED **contract fee of \$650 (Inc. GST) for the first breeding cycle and \$325 for each subsequent cycle**
3. It does not include laboratory charges, sedation drug costs or non-routine procedures such as caslicks suturing or uterine cultures.
4. The mare owner will be responsible for all fees and charges incurred for mare care.
5. West Coast Vets will repeat breed the mare as required (in consultation with mare owner) to achieve a pregnancy. This is conditional on the stallion owner supplying sufficient straws for separate breeding opportunities.
6. West Coast Vets does not offer any warranty as to the quality or fertility of semen supplied.
7. West Coast Vets cannot make any live foal guarantees. Pregnancy certificates are supplied on confirmation of a normal ultrasonic scanning at 45 or more days.
8. Up to 10% of pregnancies in mares result in twins. The mare owner agrees that this is undesirable and authorises West Coast Vets to undertake reduction procedures to a single conceptus. It is acknowledged that this procedure carries some risk of loss of both embryos. The mare owner accepts that per-rectal examination of mares carries a low risk of inadvertent injury to the mare which may be fatal.
9. The mare owner agrees to pay all charges prior to or on discharge of the mare from the Clinic.



# 2024 Mare Reproductive Contract

info@westcoastvets.com.au | (08) 9393 3373 | www.westcoastvets.com.au  
10 Freeman Rd Forrestdale WA 6112

**PROCEDURE FEE - PER CYCLE** contract fee of \$650 (Inc. GST) for the first breeding cycle and \$325 for each subsequent cycle

**DISCLAIMER:** West Coast Vets and its staff will take all due care and provide attention to the mare owner's horse whilst at the clinic. However, if problems such as accidental injury, sickness, and lameness occur, the mare owner agrees that the owners, veterinarians, staff members & Centre will not be held liable for these events. Every effort will be made to contact the mare owner prior to treatment for any unforeseen problem. If the mare owner cannot be contacted, West Coast Vets will treat the mare as necessary at the mare owner's expense.

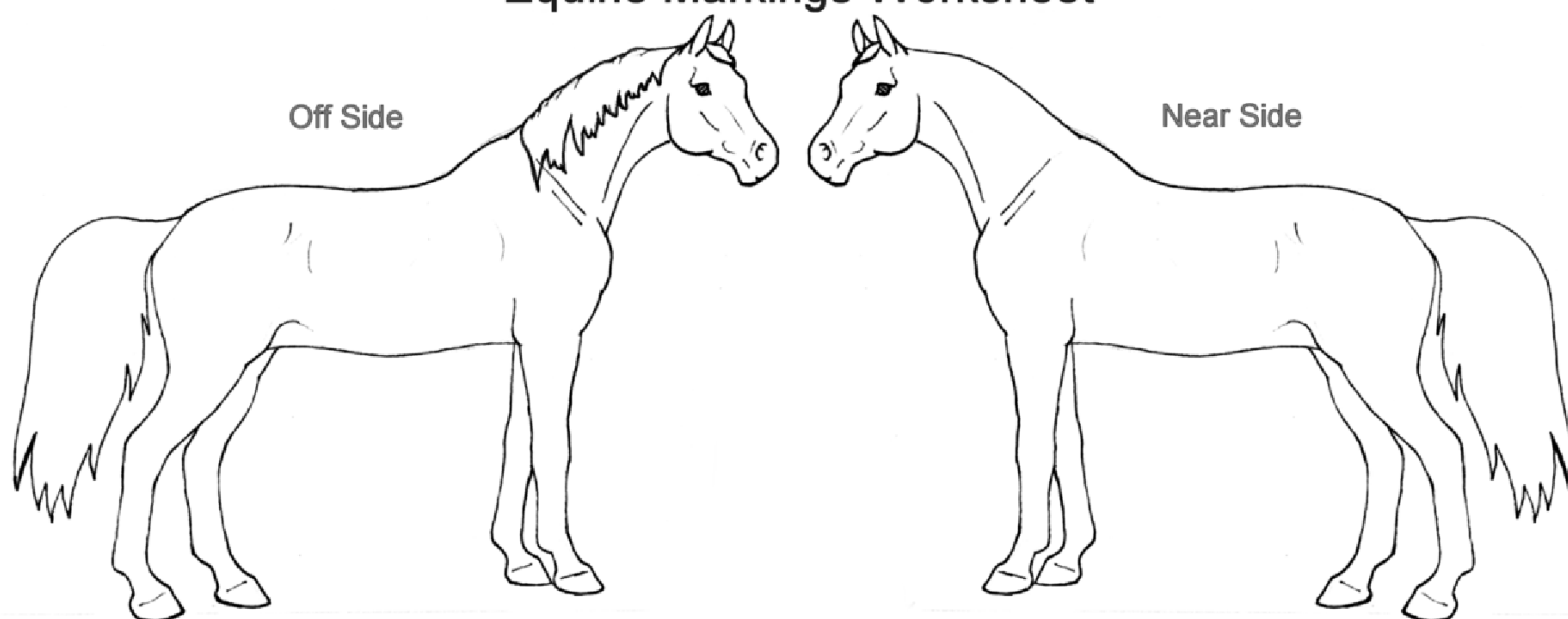
THE UNDER SIGNED HAS READ AND UNDERSTOOD THE ABOVE CONTRACT AND TERMS & CONDITIONS:

Signed for Mare Owner: \_\_\_\_\_ Date / /2024

WITNESSED BY: \_\_\_\_\_

West Coast Vets Representative: \_\_\_\_\_ Date / /2024

## Equine Markings Worksheet



### Mare Details

Mare Owner: \_\_\_\_\_ Telephone: (M) (B.H) \_\_\_\_\_

#### CONTRACT TYPE

Live  Chilled  Frozen  Embryo Transfer

Date of Arrival: \_\_\_\_\_ Brands: \_\_\_\_\_ Age/D.O.B: \_\_\_\_\_ Colour: \_\_\_\_\_

Microchip: \_\_\_\_\_ Has your Mare been scanned before:  Yes  No

Mare Status:  Maiden  Dry  Wet

IMMUNISATION HISTORY (To be Completed) Tetanus Date: \_\_\_\_\_ Strangles Date: \_\_\_\_\_

#### FOALING HISTORY (Please circle)

Difficult foaling : YES NO Caslicked: YES NO Retained Membrane: YES NO Positive Swabs : YES NO

FOAL: Date of Foal \_\_\_\_\_ Filly \_\_\_\_\_ Colt \_\_\_\_\_

Agistment Paddock \_\_\_\_\_ Yard \_\_\_\_\_

### Stallion Details

Stallion Name: \_\_\_\_\_ Owner/Agent: \_\_\_\_\_ Telephone \_\_\_\_\_

Semen transport arranged by yourself Yes No State in which stallion resides: \_\_\_\_\_ Collection days available \_\_\_\_\_

West Coast Vets Use: Date mare arrived \_\_\_\_\_ Date mare departed \_\_\_\_\_

Condition mare arrived in: \_\_\_\_\_ Breeding contract paid \_\_\_\_\_

Consulting vet on arrival \_\_\_\_\_



# 2024 Mare Reproductive Contract

info@westcoastvets.com.au | (08) 9393 3373 | www.westcoastvets.com.au  
10 Freeman Rd Forrestdale WA 6112

## 2024 Breeding Contract Payment Form

**Client Name:** \_\_\_\_\_

**Client Ref Number:** \_\_\_\_\_ **Number of mares on contract:** \_\_\_\_\_

**Amount Due: (inc gst) \$** \_\_\_\_\_

Payment Method:

- Cheque: (please make cheque payable to West Coast Veterinary Hospital)
- Direct Credit: Bank: NAB
- Bank Account: West Coast Vets BSB: 086082 Account: 733857511
- Credit Card:  Visa  Mastercard  Amex

Card Number \_\_\_\_\_ Ex Date \_\_/\_\_/\_\_\_\_ CCV\_\_\_\_\_

Cardholders Name \_\_\_\_\_

Signature: \_\_\_\_\_

**Nuclear Scintigraphy | Equine MRI | Emergency Surgery | Embryo Transfer**

