



# Australian Livestock Artificial Breeders Breeding Contract

**YOUR MARE WILL NOT BE BRED UNTIL THIS FORM HAS BEEN COMPLETED AND RETURNED**

Mobile 0400 816 072

Fax 03 5629 4419

Email matholz@bigpond.com

## MARE DETAILS

Arrival Date.....

Mares Registered Name: ..... Reg No. .... Breed: .....

Mares Stable Name: ..... Colour: ..... Age: ..... Brands.....

Markings ..... Scars:.....

Breed to STALLION named ..... Breed Using:  Fresh,  Chilled,  Frozen Semen.

Mare Owners Name:..... Ph:..... Mb..... Fax.....

Address..... Town..... State..... Postcode.....

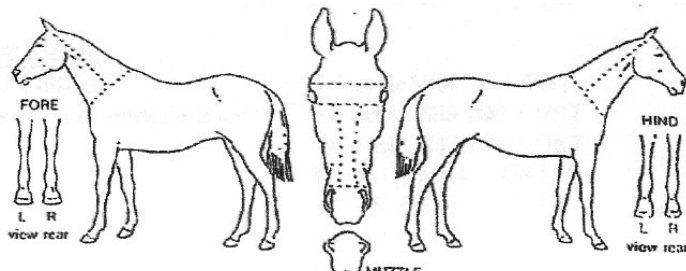
Email Address .....

Contact Name and No. of person in case of emergency:

1)..... Ph ( ).....

2)..... Ph ( ).....

## Mare Identification



Is she Maiden Mare:  Yes  No No. of live Foals:..... No. of stillborn Foals:..... No. of slipped Foals .....

Mares last breeding year:..... Last service Date.....

Do you want ALAB to foal your mare down?  Yes  No Due Foaling Date.....

If mare has not been bred last season, reason why?..... Did mare fail to conceive on last breeding?  Yes  No

Mares Breeding History Record.....

How has the Mare been Bred in the past:  Natural Service  AI'd on stud  AI'd Chilled Semen  AI'd Frozen Semen

Has your mare ever had an infection?  Yes  No Has your mare ever held onto afterbirth?  Yes  No

Usual Consulting Veterinarian: .....

Contact No.....

Can your Horse Tie Up Safely?  Yes  No Is the mare easy to catch?  Yes  No Does mare Kick?  Yes  No

Does mare Bite?  Yes  No Have rugs been supplied with the mare?  Yes  No

How is your Mare / Foal traveling to ALAB? Private with owner  Yes  No  Other .....

Public Horse Transport:  Yes  No Name Transport Company.....

Has a stallion Breeding Contract been filled in and signed by the stallion owner?  Yes  No

Signature of Person filling in information form

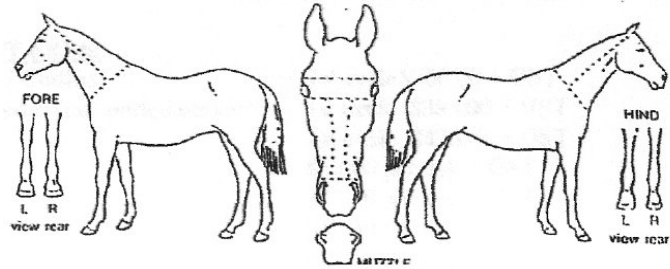
Print name

Dated

**FOAL DETAILS**

Does mare have foal at Foot: Yes No Sex: Colt Filly Age:..... Colour:..... Foaling Date:.....

Foal Identification



Markings on Foal:.....

**TREATMENTS:**

Has Foal had Tetanus Injection? Yes No Do you want ALAB to give foal Tetanus Injection (cost \$22) Yes No  
 Has Foal had Strangles Injection? Yes No Do you want ALAB to give foal Strangles Injection (cost \$22) Yes No  
 Has Mare had Tetanus Injection? Yes No Do you want ALAB to give mare Tetanus Injection (cost \$22) Yes No

**IT IS ALAB'S POLICY THAT ALL MARES / FOALS BE WORMED (Cost Mares \$25 Foals \$15)**

When was Mare / Foal last wormed? ..... Do you give permission to ALAB to worm your Mare / Foal Yes No

**BREEDING AND AGISTMENT FEES:**

Artificial Insemination Fee Fresh / Chilled 1st cycle \$350.00 Second Cycle \$300.00  
 AI with Frozen Semen per cycle \$450.00  
 Dry Mares- share paddock \$10.00 per day  
 Dry Mares- Individual Paddock \$20.00 per day  
 Wet Mare- share paddock \$20 per day  
 Wet Mare- individual paddock \$30 per day  
 Foaling Down Fee \$330

I acknowledge that ALAB staff are not veterinarians, and that Ms T Starr is a qualified AI Technician. ALAB does use the services of a veterinarian when required.

I also acknowledge the Breeding and Agistment Fees and if I have Ticked YES to the Following: Tetanus, Strangles or worming, then I have given permission for ALAB to go ahead with treatment. I am aware I must pay any outstanding accounts including for Treatments, Breeding and Agistment Fees before the mare leaves ALAB.

In an emergency ALAB has my permission to call a vet, even if I cannot be contacted. I am fully aware I will be liable for all vet charges. I understand that ALAB, its employees or agents will not be held responsible for any death injury or disease that may be suffered by my mare or it's foal whilst at ALAB.

I have viewed the facilities or satisfy myself that I have sort independent advice and do not rely solely on information received from ALAB as regards it being a suitable place to have my mare bred and agisted.

I intend paying my account by: Cheque Direct Transfer

\_\_\_\_\_  
 Mare owner signature Using block letters write your name Dated

105 Chambers Road, Modella Victoria 3816. Ph/Fax: 03 5629 4419 Mobile: 0400 816 072 or 0417 409 029.

Email [matholz@bigpond.com](mailto:matholz@bigpond.com)

**Office Use Only:**

Date Received: ..... Contract Completed Yes No Approved by: ..... Tag No:.....