

 **Uncompahgre Equine
Veterinary Services**

Dr. Becky Sondergard
62297 Ringtail Trl, Montrose, CO 81403
970-201-6203 uncompahgre.equine@yahoo.com

OWNER/AGENT INFORMATION

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALT PHONE: _____

EMPLOYER: _____ PHONE: _____

In case of AGENT please sign here that you are the legal agent for ALL animals listed on **Mare Page** of this document

Name Printed _____ Signed: _____

In case of emergency please provide us with a secondary contact name and number of a person who can authorize veterinary medical or surgical treatment. NAME: _____ PHONE: _____

Consent: The Owner/Agent has been advised that there are inherent risks associated with rectal palpation and ultrasound, hormone injections, sedation, and breeding procedures and agrees to not hold Uncompahgre Equine Veterinary Services (UEVS), Dr. Becky Sondergard, and its agents liable for complications arising from these procedures. UEVS shall exercise reasonable judgement in the breeding of the mare(s). UEVS and Dr. Becky Sondergard will provide any veterinary services deemed necessary to accomplish breeding at the sole discretion of the veterinarian including but not limited to sedation for the protection of the mare(s), veterinary staff, and handlers. The Owner/Agent waives all claims against UEVS and Dr. Becky Sondergard for the sickness, injury or death of the mare(s) and her/their offspring from matters beyond UEVS' or Dr. Becky Sondergard's reasonable control or resulting despite the rendering of reasonable and ordinary care. **Mares arriving without proof of vaccination will be subject to health exams, quarantine, daily rectal temperature and vaccination at owner's expense. To properly protect your mare and the mares and foals on the property adequate vaccination should occur 2 weeks PRIOR to arrival and include minimally a Flu/Rhino or for pregnant mares EHV-1 (Pneumabort-K).**

Fees and Charges: The Owner/Agent agrees to pay all veterinary expenses incurred by the mare(s) and her foal while in the care of Walsh Quarter Horses and UEVS, and these expenses are due and payable at the end of each month and/or when mare(s) departs whichever occurs first. A valid credit card must be provided to secure services, and this card will be charged monthly/upon departure. A valid e-mail address and billing address is required for invoicing. It is the responsibility of the Owner/Agent to provide UEVS and Dr. Becky Sondergard with any financial constraints **PRIOR** to the initiation of services. A detailed estimate for each animal is available upon request.

By signing below, I acknowledge and agree to comply with the terms and conditions stated above.

Signed: _____ Date: _____

Credit Card Number: _____ exp: _____ three digit code: _____

Billing zip code: _____ Name as appears on card: _____

Please fill out detailed mare information on the back of this page

MARE PAGE

MARE INFORMATION

REGISTERED NAME: _____ BARN NAME: _____

Registration number: _____ Breed: _____ DOB/Age: _____

IF DUEL REGISTERED PROVIDE ADDITIONAL INFO: _____

Description: Color _____ Markings _____ Brand(s) _____

Stallion Name: _____ Standing at: _____

Contact number _____

- Services Requested
- Mare breeding with shipped cooled semen
 - Mare breeding with frozen semen
 - Mare breeding fresh semen to on-site stallion

Please provide breeding history (i.e. How many live foals, prior foaling complications, prior breeding complications) _____

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