

 **Uncompahgre Equine  
Veterinary Services**

Dr. Becky Sondergard  
62297 Ringtail Trl, Montrose, CO 81403  
970-201-6203 [uncompahgre.equine@yahoo.com](mailto:uncompahgre.equine@yahoo.com)

**OWNER/AGENT INFORMATION**

OWNER 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: \_\_\_\_\_ Phone: \_\_\_\_\_

**Regular Veterinarian 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) at appropriate intervals.**

**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**

**FAILURE TO COMPLETE THIS PAGE COMPLETELY AND ACCURATELY MAY CAUSE DELAYS AND  
LOSS OF CYCLE AT OWNER'S EXPENSE**

**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 \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

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

\_\_\_\_\_