



**PETERSON & SMITH EQUINE REPRODUCTION CENTER**

15107 SE 47<sup>th</sup> Avenue  
 Summerfield, FL 34491  
 (352) 307-3000 FAX (352) 307-3003

**2020 MARE REGISTRATION FORM**

MARE INFORMATION			
Registered Name:		Breed:	Registration No:
Barn Name:			Color:
Is Your Horse Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Agency & Contact No:	Type Of Insurance:	Birth date/Age:

OWNER INFORMATION			
Owner Name:		Email Address:	
Address:	City:	State:	ZIP Code:
Primary Ph:	Business Ph:	Mobile Ph:	
Fax:	Agent :	Agent Ph:	
In case of an emergency please provide us with a secondary contact name and number of a person that can authorize veterinary medical or surgical treatment.		Name:	
		Ph:	
<b>Billing Options:</b> <input type="checkbox"/> Traditional Mail <input type="checkbox"/> Email    Billing Email:			

SERVICES DESIRED	
<input type="checkbox"/> Breeding w/ fresh or cooled semen	<input type="checkbox"/> Mare Stall Board \$30.00/day
<input type="checkbox"/> Breeding w/ frozen semen	<input type="checkbox"/> Mare/Foal Stall Board \$39.00/day
<input type="checkbox"/> Breeding via live cover	<input type="checkbox"/> Foal Watch Board \$37.00/day
<input type="checkbox"/> Mare Foaling Management	Due Date: ____/____/____
<input type="checkbox"/> Owner Recipient Management	
<input type="checkbox"/> Breed to Carry	
<input type="checkbox"/> Breed to transfer	

### BREEDING INFORMATION

Stallion	Contact Person	Telephone Number	Number of Embryos

### HEALTH & MANAGEMENT

Prior to arrival at the ERC, we require horses to be vaccinated for the following diseases. Please note at least one of the following: 1) approximate date of last vaccination or 2) vaccines needed upon arrival or 3) vaccines you do not want given. If no vaccination history is provided, animals will be vaccinated upon arrival at Owner's expense. **Please include most recent vaccination dates below:**

Eastern & Western Equine Encephalitis	(Date)	<b>FARRIER SERVICES</b> Trimming or shoeing will be performed as needed or as requested. Please note any special instructions and/or contact phone numbers for a farrier to call for specific instructions. Farrier services will be billed directly by the farrier to the mare owner. *See Fee Schedule for applicable farrier pricing <b>Trim      Full Shoe      Half Shoe</b> <b>Other</b> Last Farrier Date: _____  _____ (initial here) I am requesting NO FARRIER services to be performed on my mare. Must be checked and initialed.
Tetanus	(Date)	
Influenza	(Date)	
Rhinopneumonitis	(Date)	
West Nile	(Date)	
Rabies	(Date)	
Strangles ( <i>Streptococcus equi.</i> ) (optional)	(Date)	
Equine Viral Arteritis (optional)	(Date)	
Last Deworming (Type/Brand):	(Date)	
<b>Current Negative Coggins</b> (w/ in 12 mo.)	(Date)	
<b>Please note if you would for us perform a routine dental float while at the ERC</b>		_____ initial here if you are requesting this service

### MEDICAL CONDITIONS & TREATMENTS

Please provide the following information to help us manage your animal. We **require** disclosure of any medical conditions that could affect management of the animal before acceptance in this program.

#### Health Considerations & Treatments; Prior Foaling History

Medical Problems:          <input type="checkbox"/> Maiden	Current Treatments:
--	---------------------

### FEED INSTRUCTIONS

The standard diet at ERC is grass and/or alfalfa hay and Seminole concentrates.

Hay Type & Quantity:	Grain Type & Quantity:
Supplements & Quantity:	Special Instructions:

1. Owner agrees that during the period that the Mare is housed at PSERC; good equine practice may suggest and/or require Mare be vaccinated, dewormed, and feet trimmed or shod. Therefore, during the term of this Contract, the Mare Owner grants PSERC the right and authority to administer routine preventative medicine and to have the Mare trimmed or shod at any time by a farrier selected by PSERC. (Unless the client has informed PSERC of a specific farrier he/she would like to use and that farrier is available.) Mare Owner shall pay/reimburse PSERC for the cost thereof upon invoice.
2. If at any time PSERC determines, in its sole judgment and discretion, that the Mare needs to be transferred to Peterson & Smith Equine Hospital for medical or surgical treatment, the Owner is responsible for all charges. PSERC will make reasonable efforts to contact the owner if such transfer is required; however, if Owner cannot be immediately reached, Owner hereby authorizes PSERC to initiate such transfer, care and treatment.

In the event the Mare or foal need to be transferred to Peterson & Smith Equine Hospital for emergency medical or surgical treatment, PSERC will make every attempt to contact the Owner. If contact attempts are unsuccessful, I authorize PSERC to act as temporary agent on my behalf.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

3. Owner is responsible for any costs related to the breeding and/or artificial insemination of the Mare.
4. Owner is responsible for the cost and/or disposition of frozen semen at the end of the season, to include the cost of returning unused semen, storing unused semen, or destroying any unused semen.

***All charges must be paid in full BEFORE the release of any horse. Two days' notice may be required before the release of the horse in order to ensure the proper paper work is prepared. Owner is required to make all shipping arrangements to leave or enter PSERC between the hours of 7am and 5pm Monday through Saturday, unless previous arrangements have been made well in advance.***

All sums remaining unpaid after 30 days from the invoice date shall accrue in interest the highest rate allowable under Florida Law. If any action is taken to collect this account, regardless of whether suit is initiated, Peterson & Smith LLC shall be entitled to collect all costs and expenses of collection, including, but not limited to, attorney's fees. The parties hereto do hereby mutually and willingly waive the right to a trial by jury of any and all claims, defenses, counterclaims, cross-claims, third party claims and intervener's claims whether arising from or related to any and all claims made against them.

The undersigned represents to Peterson & Smith Equine Reproduction Center that he/she is the owner or owner's agent duly authorized to execute this document for the purpose of the above procedures of the animal described above under the terms set forth herein.

<b>Signature:</b>		<b>Date:</b>	
-------------------	--	--------------	--