



Peterson Smith

Equine Hospital + Complete Care

ADVANCED FERTILITY CENTER

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

2023 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:	
Billing Options: <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 \$42.00/day |
| <input type="checkbox"/> Breeding w/ frozen semen | <input type="checkbox"/> Mare/Foal Stall Board \$48.00/day |
| <input type="checkbox"/> Breeding via live cover | <input type="checkbox"/> Foal Watch Board \$43.00/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 AFC, 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)	FARRIER SERVICES 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 Trim Full Shoe Half Shoe Other 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)	
Current Negative Coggins (w/ in 12 mo.)	(Date)	
Please note if you would for us perform a routine dental float while at the AFC		_____ 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:
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FEED INSTRUCTIONS

The standard diet at AFC 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 PSAFC; 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 PSAFC 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 PSAFC. (Unless the client has informed PSAFC of a specific farrier he/she would like to use and that farrier is available.) Mare Owner shall pay/reimburse PSAFC for the cost thereof upon invoice.
2. If at any time PAFRC 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. PSAFC will make reasonable efforts to contact the owner if such transfer is required; however, if Owner cannot be immediately reached, Owner hereby authorizes PSAFC 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, PSAFC will make every attempt to contact the Owner. If contact attempts are unsuccessful, I authorize PSAFC 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 paperwork is prepared. Owner is required to make all shipping arrangements to leave or enter PSAFC between the hours of 8:00 am and 4:30 pm Monday through Friday, or between 8:00 am and 12:00 pm on 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 Advanced Fertility 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.

Signature:		Date:	
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