

HARTMOR

QUARTER HORSE STUD

Goolara Siding, 16199 Leichhardt Highway, Theodore QLD 4719
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Horse Name: _____ Arrival Date: _____

Sex: _____ Colour: _____ Breed: _____ DOB: _____

Brands: _____ Distinctive Markings: _____

Existing Injuries / Medical Conditions: _____

Registration Papers attached: Yes / No Mare owner's membership number _____

Mare Owner: _____

Address: _____

Phone: Home _____ Work: _____ Fax: _____

Mobile: _____ Email: _____

Preferred Communication: Phone / Fax / SMS / Email: _____

Does the mare have a foal at foot? Yes / No DOB: _____ Sex: _____ Colour: _____

Procedure:
Stallion: _____

Last date of Service: _____

Other: _____

Last Vaccination Date for Tetanus / Strangles: _____
(If unknown or over 12 months, horse will be vaccinated on arrival)

Last Date of Worming: _____ Product Used: _____
(If unknown or over 4 weeks, horse will be wormed on arrival)

Farrier Attendance Required: Yes / No

Teeth Rasp Required: Yes / No

I/We, _____ (insert full Name/s) state I/We are the owner/s or acting agent for the owner/s, admitting horses to Hartmor Quarterhorse Stud. I/We authorize the staff of Hartmor Quarterhorse Stud, to engage in and carry out all services considered necessary for the successful treatment of our horse/s. I acknowledge that by signing this document I/We are appointing Hartmor Quarterhorse Stud as duly authorized agents to carry out all necessary veterinary work as described on the admission form or as seen fit by the attending veterinarian. I/We acknowledge

that I/We will be billed directly for all of the work conducted by Hartmor Quarterhorse Stud. I agree to pay all charges according to the terms of Hartmor Quarterhorse Stud. By signing this document, I/We acknowledge that we have read and accept the Terms and Conditions of Hartmor Quarterhorse Stud. This document is a good and valid authority to engage Hartmor Quarterhorse Stud.

Signature: _____ **Date:** _____

Name: _____