ESMS On The BRAZOS
EQUINE REPRODUCTION CENTER

MARE CHECK IN

Arrival Date: _____

Mare: _____ **Color: _____ DOB: _____ Foaling Date: _____**

Owner: _____ **Address: _____**

Primary Contact Phone#: _____

Agent: _____ Phone#: _____

Embryo Transfer OR Carry Outside stallion _____

ET Stallion Breeding to: #1 _____
#2 _____
#3_____
#4 _____

Recipient Facility: ESMS/Other _____

Coggins Date: _____ Vaccinations Current: Yes/No Date:_____

Extended Stay Mares: Routine Deworming: Yes/No Routine Vaccinations: Yes/No

Farrier Services: Yes/No

Does mare need to be turned out for exercised? Yes/No

FEED Instructions: (circle) **AM –** Pellets Sweet feed Coastal Alfalfa **PM-** Pellets Sweet Feed Coastal Alfalfa

Special Instructions/ Items left with horse:_____

Mare Owner shall hold Stallion Owner and ESMS harmless for any sickness, disease, theft, death or injury which may be suffered by the Mare, or any other cause of action whatsoever arising out of, or connected in any way with, receipt of shipped semen or On Farm Breeding. This includes, but is not limited to, any claim of damages, loss or injury that may occur to any person or personal property.

Owner further understands that ESMS will not be responsible for any accident, sickness, or death to the mare, whether from fire, theft, act of God, or any other reason, and owner will exercise his/her judgment in caring for and supervising the mare. In the event of an injury or death to the mare, Owner will look solely to his/her own insurance. In the event anyone assesses a cause of action against Owner on account of any injury or death to mare, Owner agrees to hold ESMS harmless from any such cause or action, including the cost of defending the same.

Owner agrees to pay all breeding charges and boarding expenses prior to release of the mare**. A credit card number will be on file at the time the mare is received by ESMS and incurred fees will be charged monthly and/or upon mare's release.**

PAYMENT INFORMATION

CREDIT CARD NUMBER:	EXPIRATION DATE:
NAME AS IT APPEARS ON CREDIT CARD:	
SIGNATURE:	

Owner/Agent Signature:_____