

STALLION FORM

Stallion Name: _____ Owner Name: _____

Registration Number: _____ Registered With: _____

Breed: _____ Age: _____ Color: _____ SBS Number: _____

Insured? (Circle one) Y / N Insurance Company: _____

Contact Name: _____ Phone Number: _____

Reason for Admittance: (Circle one) Fertility Evaluation / Collection Training / Collection; Processing and Shipping / Semen Freezing

Breeding History: _____

Frozen Semen Details: (if applicable)

Stallions Name as it should appear on straw: _____

Shipping Domestic? (Circle one) Y / N Number of doses required: _____

Shipping Export? (Circle one) Y / N Number of doses required: _____ Export Country(s): _____

Health History

Last Vaccine date: _____ Brand: _____ Farrier visit date: _____ Trim / Shoes

Last deworming date: _____ Brand: _____ Last Dental Exam: _____

Preexisting Conditions / Injuries: _____

Any special dietary requirements: _____

Unusual behavioral Habits: _____

***EVA and CEM status documentation are required. Please attach EVA vaccination records and testing documents. If they are not available testing will be performed by OCEC.**

Signature _____ Date _____

Print Name _____

Disclaimer:

At OCEC our number one goal is the health and wellness of every patient. We will take great care and put focus on the needs of your horse. However, things do happen. If there was to be any sickness, injury, or lameness OCEC will treat as necessary. You will be notified if anything was to occur. If we are unable to reach you or your emergency contact, then OCEC will do what is in the best interest of the horse. Any cost from such instances will be billed to the client.

- **Please include a copy of your horse's Coggins and Registration Papers**
- ***OCEC suggests that halters, leads, and blankets are NOT left with the horse. OCEC will not be responsible for the loss or damage to such halters, leads, and blankets.**