STALLION FORM

Stallion Name:	allion Name: Owner Na			
Registration Number:		Registered Wit	th:	
Breed:	Age:	Color:	SBS Number:	
Insured? (Circle one) Y / N	Insurance Company: _			
Contact Name:			Phone Number:	
Reason for Admittance: (Ci	rcle one) Fertility Evalua	ation / Collection Trai	ning / Collection; Processing and Ship	ping / 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 or	ne) Y / N Number of do	oses required:	Export Country(s):	
		Health His	tory	
Last Vaccine date:	Brand:		Farrier visit date:	Trim / Shoes
Last deworming date:	ng date: Brand:		Last Dental Exam:	
Preexisting Conditions / Injury	uries:			
Any special dietary requirer	ments:			
Unusual behavioral Habits:				
*EVA and CEM status docu available testing will be per		Please attach EVA va	accination records and testing docume	nts. If they are not
Signature	nature		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.