

BOOKING FORM:



OFFICE USE ONLY	
CEM	
EIA	
EVA	
STRANGLES	
DEPOSIT PAID	
ARRIVAL DATE	

PLEASE CIRCLE: DONOR MARE /
RECIPIENT MARE/ BROODMARE /
RESIDENT AT TES/
TE AMBULATORY / WALK -IN FLUSH /
TRANSPORTED EMBRYO

OWNER DETAILS

Name:
Address:
Tel: Mob: Email:.....
Contact Name & Number: (in case of emergency).....
Invoicing Details (if different to above): Name: Tel:.....
Address: Email:.....

HORSE DETAILS

Full Name: **Stable Name:** **Passport Number:**
Breed: **YOB:** **Approx. Breeding Start Date:** **Equine Discipline:**
Immediate Future Competition/Breeding Plans:
Relevant Medical History:
Relevant Breeding History (Especially Previous Year)
Usual Vet Practice(s) (Incl Vet Name(s) if possible):.....

DONOR MARES ONLY (Incl Transported Embryos):

Desired No. of Embryos:.... Surplus Embryos: **DISCARDED / IMPLANTED** Are you providing your Recipient mares? **YES / NO**
Donor Mare Height: (TE will match the size of Recipient mare to the size of the Donor mare unless notified in writing beforehand).
Vet doing AI (Please Circle) TOMLINSON EQUINE (AMBULATORY AT YARD) / TOMLINSON EQUINE STUD / OTHER
Name of **Other** Vet doing AI: Mobile: Email:
Vet doing Flushing (Please Circle) TOMLINSON EQUINE / OTHER
Name of **Other** Vet doing flushing: Mobile: Email:

STALLION DETAILS

Stallion Name: **Location & Contact Name:**
If stallion options change please inform us in writing, listing all details and order of preference
Tel: Email :

Breeding Method (Please circle) NATURAL COVER / FRESH-CHILLED AI / FROZEN AI / CHILLED WITH FROZEN BACK UP

RESIDENT HORSES ONLY: Please Complete In Full

Livery Required: STABLE: GROUP GRASS : INDIVIDUAL PADDOCK : SHARED CLIENT INDIVIDUAL PADDOCK : FOAL AT FOOT
Approx. Date of Arrival at TE:..... Approx. Date of Mare collection:
Exercise & Turn Out:
Feed: HAY / HAYLAGE Bedding: STRAW / SHAVINGS (extra charges apply for shavings)
Last Farrier / Foot Trimming Date:..... Last FEC:.....
Last Worming Date:..... Product Used:..... Last Tape Worm Date.....
Product Used..... Last Vaccination..... Last Teeth Rasp.....

Please Tick if you are happy for Tomlinson Equine Ltd to use mare details and results on their social media page

How did you hear about Tomlinson Equine? Advert (please specify) / Word of Mouth / Online / Social Media / Recommendation

Declaration: I have read and understand the Price List and Tomlinson Equine Terms and Conditions.

- TE has specific health requirements for ALL MARES being booked in with us. Please ensure test results are sent to the TE office before any mare arrives at the centre.
- TE do not routinely vaccinate all their Recipient mares for Flu (all done for Tetanus); please let us know if you require a recipient mare that is completely up to date with Flu (and Tetanus) vaccinations.

Signed:.....Name:.....Date:.....

HEALTH DECLARATION:



Owner Name:					
Horse Name:					
Passport Number:					
Microchip Number:					
Last Flu Vaccination:					
Colour:		Gender:		DOB:	
For Pregnant Mares Only:					
Pregnant Mare:	Last Service/Ov Date:		Foaling Due Date:		
Herpes Vaccination Dates:					

I, the undersigned, hereby certify that:

1. As far as can be determined, the animal has remained on a premises where no clinical cases of the following diseases have occurred during the past 90 days prior to the horse arriving at Tomlinson Equine Stud:
 - a) Contagious Equine Metritis (CEM)
 - b) Equine Viral Arteritis (EVA)
 - c) Equine Influenza
 - d) Strangles
 - e) Equine Herpes (Abortion or Neurological)
 - f) Ringworm
2. The animal is up to date with equine influenza and tetanus vaccinations (including a completed primary course).
3. A blood sample was taken from the animal (within 30 days of their arrival date) and sent to a laboratory with negative results for the following tests:
 - a. Equine Infectious Anaemia (EIA)
 - b. Strangles
4. Negative EVA Blood results (after the 1st January) have been obtained from the animal.

For breeding animals:

5. Negative CEM Swab results (after the 1st January) have been obtained from the animal (a clitoral swab for the mare and 3 separate swabs – Urethra, Urethral Fossa & Penile Sheath for a stallion).
6. In the case of pregnant mares, please confirm that she is fully vaccinated against EHV1,4 (Equine Herpes Virus) (due in months 5,7 & 9 of pregnancy).

I have read and agree to Tomlinson Equine's Terms and Conditions.

Signature:

Print Name:

Date: