

**BOOKING FORM:
STALLION**



OFFICE USE ONLY	
CEM	
EIA	
EVA	
STRANGLES	
FLU VACCINATION	
DEPOSIT INVOICED	
ESTIMATED ARRIVAL DATE	

FOR CASHFLOW PURPOSES, WE REQUIRE THAT ALL OUTSTANDING BALANCES BE PAID IN FULL BEFORE THE HORSE LEAVES.

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:

Passport Name: **Stable Name:** **Passport Number:**
Breed: **Height:** **YOB:** **Discipline:**
 Relevant Medical History:
 Relevant Breeding History (Especially Previous Year):.....
 Purpose of stay at Tomlinson Equine:.....
 Usual Vet Practice(s) (Incl Vet Name(s) and number(s) if possible):.....
 Brief Performance History:

 Immediate Future Competition/Breeding Plans:

 Comments on Stallion behaviour/special handling requirements:.....
 Has this Stallion been collected from using an Artificial Vagina? **YES / NO** If YES, list preferences if known:.....
 Are you willing for us to train (if necessary) and collect semen from him? **YES / NO**
 Would you be interested in the stallion standing commercially with Tomlinson Equine? **YES / NO**
If your horse is insured, ensure the insurance company have been advised of your horse's residency at Tomlinson Equine and of any breeding work being done.

EXPORT MARKETS FOR WHICH SEMEN IS INTENDED: (Please write 'UK only' if no export market planned)

Please list countries to which you wish to be able to send semen to in order to carry out health checks.
 Chilled semen (UK + EU only):.....
 Frozen semen:.....

HORSE MANAGEMENT DETAILS: Please Complete In Full

Livery Required: STABLE: INDIVIDUAL PADDOCK
 Approx. Date of Arrival at TE:..... Approx. Date of Departure from TE:
 Exercise & Turn Out:
 Feed: HAYLAGE / HAY (extra charges apply for hay) Bedding: STRAW / SHAVINGS (extra charges apply for shavings)
 Feeding Requirements:.....
 Feed Provided by Client? YES/NO TE feed Stud Cubes. All other feed must be provided by/ordered in and paid for by the client.
 SHOD / BAREFOOT Last Farrier Date & Any Instructions:.....
 Last Round Wormer Date:..... Product Used:..... Last Worm Count:.....
 Last Tape Wormer Date:..... Product Used:..... Last Teeth Rasp:.....
 Last Flu Vaccination (Date, Details and Due Date):.....
 EVA Vaccinated? YES / NO Date Of Last EVA Vaccination:.....

Tomlinson Equine will make every effort to ensure that vaccines are kept up to date, however in the event that an oversight should occur, and this section of the form is found to be incomplete Tomlinson Equine are not responsible for any costs incurred as a result.

Please Tick if you are happy for Tomlinson Equine to use stallion details, photos and results on their social media page

Declaration:

I have read and understand the Price List and Tomlinson Equine's Terms and Conditions.

- Tomlinson Equine has specific health requirements for ALL HORSES being booked in with us. Please ensure test results are sent to the Tomlinson Equine office before any horse arrives at the centre.**
- All horses will be clinically examined upon entry into the centre. Any horse showing any signs of clinical disease will be isolated (until disease status is confirmed) or not admitted to the centre. Isolation will be at the cost of the client (with pre-notification) and Tomlinson Equine reserve the right to isolate at their own jurisdiction.
- I consent that Tomlinson Equine can add my email address to their mailing list to receive information about future offers and services.

Signed by Owner or person authorised to sign on their behalf (must be over 16):

Signature:..... **Name:**..... **Date:**.....

HEALTH DECLARATION:



Tomlinson Equine

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:

- 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:
 - Contagious Equine Metritis (CEM)
 - Equine Viral Arteritis (EVA)
 - Equine Influenza
 - Strangles
 - Equine Herpes (Abortion or Neurological)
 - Ringworm
 - Glanders
 - Surra
 - African Horse Sickness
 - Rabies
 - Anthrax
- The animal is up to date with equine influenza and tetanus vaccinations (including a completed primary course).
- 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:
 - Equine Infectious Anaemia (EIA)
 - Strangles
- Negative EVA Blood results (after the 1st January) have been obtained from the animal.

For breeding animals:

- 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).
- 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).
- The animal has not covered naturally within 30 days of arrival and the CEM & EVA tests must be taken 15 days after the last natural covering.
 - Mares using natural covering must provide a declaration of health for mare and stallion.
- FOR CASHFLOW PURPOSES. WE REQUIRE THAT ALL OUTSTANDING BALANCES BE PAID IN FULL BEFORE THE HORSE LEAVES.**

Tomlinson Equine Stud employs Tomlinson Equine Limited to carry out routine and emergency veterinary work. Some medications used can be licensed for use in other species or humans and may be prescribed in accordance with the cascade.

CHECK WITH TOMLINSON EQUINE REGARDING ANY LAB REQUIREMENTS OR EXTRA TESTING REQUIREMENTS FOR EXPORT PURPOSES, INCL. SEMEN FREEZING.

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

Signed by Owner or person authorised to sign on their behalf (must be over 16):

Signature:.....

Name:.....

Date:.....

