



Quipolly Equine Centre
Lowes Creek Road
Quirindi NSW 2343
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ADMISSION CLIENT STALLION FORM

(Fax both pages to (02) 67462474, or email to qec@qvg.com.au)

Registered Name: _____ Reg. No: _____

Date of Arrival: ____/____/____ Expected Date of Departure: ____/____/____

Breed: _____ Colour: _____ Brands: *near side* _____ *off side* _____

Arrival Weight: _____ kg Height: _____ Condition on Arrival _____

Procedure:

- Standing @ Quipolly: Yes ☐ No ☐
 - If Yes then-
 - Do you have a Stallion Semen Contract Prepared: Yes ☐ No ☐
 - Exercise Program required Yes ☐ No ☐
 - Special dietary requirements: Yes ☐ No ☐ Details: _____
 - Are you aware that return service clients will incur QEC breeding fees: Yes ☐ No ☐
 - Semen Freezing Yes ☐ No ☐ Approx No. Of Doses Required: _____
 - If No then-
 - Walk In – Collect chilled semen Yes ☐ No ☐
 - Walk in – Semen Freezing Yes ☐ No ☐ Approx No. Of Doses Required: _____
 - Fertility Assessment Yes ☐ No ☐

History

- Previously collected by AV Yes ☐ No ☐
- Previous training on stallion mount Yes ☐ No ☐
- Previously frozen @ QEC Yes ☐ No ☐ (If No Will require freezing trial work)

Agistment: (please tick requirement) ex GST

- Stallion Barn + Day Yard ☐ \$50.00/day
- Stallion Run ☐ \$33.00/day

Insurance: Yes ☐ No ☐

Account Information:

Name of Owner- _____ Key Person to Contact + Mobile No.- _____

Person Settling Account-(If Not Registered Owner)- _____

GST Registered ☐ Yes ☐ No Australian Business Number (ABN)- _____

Postal address _____

Town _____ P/Code _____

Telephone _____ Mobile _____

Email _____ Facsimile _____

Please Note-

☐ I have filled out all details on this form to the best of my knowledge

Signature _____ Date _____

Print Name _____

QEC Admin Use Only

**PAYMENT MUST BE MADE TO QUIPOLLY EQUINE CENTRE PRIOR
TO STALLION COLLECTION.**

Payment Details:

- **Electronic Funds Transfer BSB: 062 594 A/C: 1012 8552**
- **Credit Card** ☐ **Mastercard** ☐ **Visa** ☐ **Bankcard**

Card Holders Name: _____

Card Number: _____ **Card Expiry Date:** ____/____

Signature: _____ **Payment Amount: \$** _____

Stallion Admitted By: _____ **Date:** _____

Data Entered By: _____ **Date:** _____

QEC Stallion Paddock or Stable Number _____