



Cannon Veterinary Services

31310 Woodhaven Trail Cannon Falls MN 55009 651-258-4050



Mare Foaling Contract (2010)

Client Information:

Date: _____

Mare Owner: _____ Drivers License#: _____

Spouses Name: _____ Drivers License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Fax Number: _____ E-Mail address: _____

Emergency Contact Name & Number: _____

Credit Card#: _____ Exp.: _____ CVV Code _____

Mare Information:

Mare (Registered Name): _____ Reg. #: _____

Mare (Barn Name): _____ Age: _____

Breed: _____ Color: _____

Last Breeding Date: _____ Projected Foaling Date: _____

Vaccination History:

EWET: _____ FLURH: _____ STR: _____ PHF: _____

RHIK: _____ WEST NILE: _____ RABIES: _____

DE- WORMING: _____ NEGATIVE EIA _____

If performed at CVS, the above vaccinations and services will be billed to the owner/agent.

Agreement:

I, the undersigned, do hereby certify that I am the owner, lessee, or agent of the mare identified above. I hereby authorize Cannon Veterinary Services, LTD, Woodhaven Farm, Tom Winter DVM, or his staff to evaluate, assess, treat and perform the procedures that are deemed necessary for a normal delivery process.

In the event of a foaling emergency, colic, a life threatening injury or illness to the mare or foal, Dr. Winter or staff member will contact the mare owner to discuss available treatment options. If emergency services are rendered, they will be billed as additional costs. By signing this contract I acknowledge that emergency treatment fees will incur additional costs and they are not included in foaling process fees.

The mare owner shall furnish CVS a copy of any current mortality or medical insurance forms for the duration of this contract. The mare owner shall pay all costs in connection therewith. CVS will not be held liable to the mare owner for injury to or death of the mare or foal.

The fee for a normal foaling process is \$400.00.

Your mare will be monitored 24 hours per day with a “Breeder Alert” halter and a video cam. The foaling process will be supervised, a neonatal exam will be performed, and an IGG test will be run on the foal when he/she is twelve hours old to check for adequate antibody protection.

There will be additional costs for treatment of a foal with a low IGG level.

The fee for mare care is \$20.00 per day. This fee covers Progressive feed, hay, water, clean bedding, and daily turn out.

The day after the mare foals, the fee for mare and foal care is \$25.00 per day.

Payment Policy:

All foaling fees are due at the time of admission. I (the owner, lessee or authorized agent thereof) agree to accept responsibility for full payment of all foaling services and mare care rendered at CVS. I understand that I must give a two day notice prior to the departure of the mare. I agree to pay the balance in full, prior to the release of the said mare from CVS.

If it is necessary to bring legal action to compel the payment of fees or costs, I the undersigned shall pay all costs incurred for collection, as well as all attorneys’ fees. The mare owner hereby grants CVS a lien (as allowable by law) on the mare and foal, as a guarantee for payment of the outstanding balance.

On the behalf of CVS, this contract represents the entire agreement between the parties. No other agreements, promises or representations, verbally expressed or implied, are included herein unless specifically stated in this written contract.

This contract is made and entered into in the state of Minnesota, and shall be enforced and interpreted in accordance with the laws of the said state. In the event that one or more parts of this contract are found to be unenforceable, the other portions hereof shall be deemed in full force and effect.

I understand that I may visit my mare between the hours of 10 AM and 4 PM Monday thru Friday (by appointment).

I hereby have read and understand this Foaling Contract and acknowledge receipt of a copy thereof.

CVS Signature _____ Date: _____

Mare Owner Signature _____ Date: _____

Credit card Authorization Form Complete?

Form Received: Date: _____ Initials: _____ Voice Authorization Date: _____ Initials: _____

