



Waiver of Liability/ Consent Form

I, _____ (Horse Owner or Authorized Agent Name) authorize West Wind Veterinary Hospital (WWVH) and Equistar Vet Services (EVS) to work on my horse:

_____ (registered horse Name). The procedures to be performed include the following:

Please initial all that apply:

- Foaling
- AI Fresh: Name of Stallion: _____
- AI Frozen: Name of Stallion: _____
- Collect Stallion
- Freeze Semen
- Embryo Transfer
- Open Caslick
- Caslick
- Other: _____

1. I hereby agree to leave my mare / stallion to be bred and / or cared for by West Wind Veterinary Hospital (WWVH).
2. All fees are due and payable at time of departure including fees for veterinary services, board, farrier, shipping costs and any transportation costs. Some additional fees may have to be added after the horse has gone home; such as, shipping, Canada Customs duty, taxes etc.
3. All stallion contracts are to completed and paid for by the mare owner prior to the mare being bred. A copy of the completed stallion contract, stallion owner contact information, receipt of payment and a copy of the mare's registration papers are necessary before breeding.
- 4. All horses must be dewormed within 30 days of arrival and vaccinated against WEE/EEE/Tetanus/West Nile (4 way) and Flu/Rhino (2 way) 2 weeks prior to arrival. Any horse not recently dewormed or vaccinated will be treated on arrival and billed to the owners account.**
5. All animals to be left in the care of WWVH must be in good general health and shall be free of infectious, contagious or transmittable diseases. Horses will be examined on arrival and unhealthy animals will not be able to stay.
6. The horse owner acknowledges that the activities taking place at WWVH (such as: breeding, collecting, foaling and inseminating) are by their inherent nature dangerous activities and that participation by the horse owner, his/her personnel, and horse(s) exposes them to risk of sickness, injury or death. Horse owner expressly acknowledges that participation involves a broad range of inherent risk, including but not limited to:

- A. the propensity of livestock to behave in ways that may result in personal injury or death to a person around it;
- B. the unpredictability of livestock's reaction to sound, sudden movement, or an unfamiliar object, person or other animal;
- C. certain land conditions and hazards, including surfaces and sub-surfaces;
- D. a collision of livestock with another animal or object;
- E. the potential that another animal may expose the horse to sickness or disease;
- F. the propensity of livestock to behave in ways that may result in self-inflicted injury or death of such livestock; and
- G. the potential for a person to act in negligent manner that may contribute to injury to the horse, including, but not limited to failing to maintain control over livestock or not acting within the person's ability.

Horse owner / Agent hereby specifically acknowledges all of the inherent risks potentially associated with the breeding and care of horses and fully waives West Wind Veterinary Hospital and Equistar Veterinary Services, their subsidiaries, affiliated companies, shareholders, employees, family and contract personnel from and against any and all claims, demands and liabilities which the horse owner may have, including negligence, gross negligence, and strict liability now or in the future, known or unknown.

7. Biosecurity is an important aspect of preventative health care. We strive to keep your horse safe and healthy but acknowledge that any comingle site carries an increased risk of contagious disease especially when young animals are involved. Please vaccinate and deworm prior to arrival, delay your visit if your horses are not feeling well and isolate once you horse returns home to help reduce this risk.

8. Horse owner may elect to provide equine insurance. This coverage is provided by:

Name of Insurance Company: _____
 Insurance Agent: _____
 Policy Number: _____
 Phone Number: _____

 Signature of Horse Owner or
 Authorized Representative

 Date:

 Signature of WWVH representative

 Date

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