



Rogue Valley Equine Hospital
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Chute Fee Admission Agreement – Frozen Semen

Owner _____ Date _____

Patient _____

Agent _____

I, the undersigned, do hereby certify I am the owner or leasee of the animal identified herein and I hereby authorize the ROGUE VALLEY EQUINE HOSPITAL to evaluate, assess, treat and perform breeding procedures which are deemed necessary by the attending veterinarian. I authorize reasonable urgent medical procedures as deemed necessary in the event of an emergency.

Acceptance under this agreement is contingent on the mare having an acceptable reproductive history and showing no signs of infertility on the initial exam. For purposes of the chute fee, a reproductive breeding cycle is defined as ovulation to ovulation. It is in effect January to August. The chute fee covers one cycle, reproductive exams, ultrasounds and palpations, inseminations and the use of Lutalyse, Estrumate, Oxytocin and HcG and the 15-day pregnancy exam are all included. I understand the chute fee will be my responsibility regardless if the semen arrives or not. I also recognize there are no guarantees or assurances for 100% success when dealing with fertility or infertility work in equine reproduction. The chute fee is only in effect when the mare stays at the RVEH reproduction center. There will be a \$25.00 charge for frozen semen transfers into RVEH storage tanks. The Chute fee for each reproductive cycle is \$480.00 for timed (Requires 3-4 doses) or \$699.00 (1-2 doses). Board will be \$25.00 a day.

Payment Policy

All chute fees are due at the time of admission. I (the owner or duly authorized agent thereof) agree to accept responsibility for full payment of all breeding, treatments and services rendered by RVEH. I understand breeding is an elective procedure.

I agree to pay the balance of the fees due before the release of the horse from RVEH Reproduction Center. If it is necessary to bring an action to compel the payment of fees or costs, the undersigned shall pay all costs incurred in collection of the debt and reasonable attorney fees.

Admittance – Visiting – Discharge Policy

I understand no horse will be brought to RVEH Reproduction Center without prior agreement as to time and date. All horses entering the reproduction center will be current on vaccinations and de-worming. (Influenza and Rhinopneumonitis within the last 90 days and less than 365 days for Tetanus Toxoid) All horses not current on vaccinations and de-worming will be brought up to date and the owner will be invoiced.

I understand I may be able to visit my horse at RVEH Reproduction Center between the hours of 10:00 A.M. and 3:00 P.M. Monday – Friday, by appointment only. I understand no horse will be discharged from RVEH Reproduction Center without prior agreement as to time and date.

I hereby state I have read and understood this authorization and release and acknowledge receipt of a copy thereof. By signing as agent of the owner, the undersigned warrants he/she has authority to bond the owner.

AUTHORIZATION & RELEASE: I acknowledge I have been informed the fee for treatment that may be rendered to this animal is approximate.

_____ Owner/Agent