



FOR OFFICE USE ONLY:

Check/CC: _____ Contract #: _____

Date Received: _____

Breeding Fee Paid: _____ Farm Fee Paid: _____

NEW CONTRACT:

RETURN:

ICSI BREEDING SERVICE CONTRACT

1. I, _____ (Owner), hereby reserves one breeding to **METELES CAT AQHA Reg #5366194 (HERDA N/HRD, IMM/MYHI)** for the Mare _____, Reg. # _____ for the Breeding Fee of **\$3,000**, (stud fee does NOT apply if this is a return contract) plus Farm Fee of **\$675** (at contract signing) (Made payable to BVSS) during Jan 1st to Oct 1st of 2022. A separate contract is required for each embryo produced via ICSI procedure. BVSS is to be notified of the number of embryos produced as soon as the ICSI procedure is completed. At that time, a contract for each embryo produced will be needed. Additional Embryos Fees are as follows: Breeding Fee of **\$3,000** each and a Farm Fee of \$300 each (contract and all fees are due when recipient mare has a 60-day positive pregnancy check). Farm Fees are non-refundable. The Farm Fee includes the 1st shipment of semen via (1) Fed Ex Priority Overnight OR (1) Pick-Up (courier fees not included). If an air shipment is requested or required, the Mare Owner's credit card will be charged a \$200 courier charge. Fees for Additional shipments are as follows: Pick-up \$100 (plus courier fee).
2. Please state what ICSI Facility will be used: _____
3. Owner must attach a copy of the mare's registration papers to this agreement and provide all other information as requested. The Owner agrees to breed the mare specified.
4. Mare shall be bred through the use of an intracytoplasmic sperm injection ("ICSI") procedure into the cytoplasm of a mature oocyte, which physically causes fertilization. Mare Owner may choose to work with any approved facility to have their mares' oocytes injected. Please see the attached list of approved facilities that will have access to the semen for the ICSI procedure.
5. Frozen semen will be used for this contract unless fresh semen is available AND requested.
6. Farm Fee as specified above shall be paid at the time this Contract is executed.
7. This contract provides for one (1) Breeder's Certificate. If multiple embryos are retrieved from one breeding, it will be the responsibility of the Mare Owner to notify BVSS of number transferred. Stallion Breeding Reports are prepared immediately after the end of breeding season.
8. If Mare Owner desires to do a frozen embryo, it will solely be their responsibility to pay all nomination fees.
9. It is also the Mare Owner's responsibility to notify BVSS when the frozen embryo is utilized. If not reported by November 15th, mare owner will be responsible for all late fees.
10. TO OBTAIN A "BREEDER'S CERTIFICATE" YOU MUST NOTIFY BRAZOS VALLEY STALLION STATION LP OF THE BIRTH OF THE FOAL. CERTIFICATE WILL NOT BE ISSUED IF THE ACCOUNT HAS NOT BEEN PAID IN FULL. The Stallion owner is responsible for signing the Breeder's Certificates. Should any foal which is born to the mare, pursuant to this contract, not stand and nurse, the Owner shall be entitled to a re-breed the following year only for this mare. THIS RE-BREED SHALL APPLY ONLY IF BVSS IS NOTIFIED WITHIN ONE (1) WEEK OF THE DEATH OF THE FOAL. THIS NOTIFICATION MUST BE ACCOMPANIED BY A STATEMENT FROM A LICENSED VETERINARIAN, STATING THE CAUSE OF DEATH. BVSS's sole liability and obligation for any foal that is born to the mare but does not stand and nurse, shall be the granting of a re-breed. Such breeding shall apply to the Breeding Fee only and only to the season immediately following the season set forth in this contract. The Owner shall pay Farm Fees for the mare, under the same terms set forth in this contract.
11. If it should become necessary for BVSS to retain the services of an attorney to enforce its rights under the terms of this contract, including but not limited to the collection of any sums due, the Owner will pay BVSS all expenses and costs, including reasonable and necessary attorney's fees incurred by BVSS in enforcing this contract.
12. Any dispute related to this contract will be governed by the laws of the State of Texas and venue of any dispute arising from this Contract shall be in Erath County, Texas.
13. This contract is non-transferable nor assignable without prior written consent from BVSS.
14. All International and US Clients must pay with US Funds via Credit Card (3% Surcharge for MC, VISA, DISCOVER or 4.5% for AmEX), Wire Transfer (\$50 Surcharge) or check from a US Bank account.

CONTRACT OWNER: _____	BVSS/AGENT: Frank Merrill
ADDRESS: _____	BVSS SIGNATURE: _____
CITY/STATE/ZIP: _____	ACCEPTANCE DATE: _____
PHONE#: _____	E-MAIL: _____
CONTRACT OWNER/AGENT SIGNATURE: _____	DATE: _____



21351 N US Highway 377 / Stephenville, TX 76401 / 254.485.8280

brazosvalleystallionstation.com
brazosvalleystallionstation@gmail.com

ARRIVED: _____
WEIGHT IN: _____
COLLAR#: _____
LOCATION: _____

2022 ON FARM/SHIPPED SEMEN INFORMATION SHEET

RETURN THIS FORM WITH BREEDING CONTRACT AND COPY OF REGISTRATION PAPERS

***** ALL PAPERWORK MUST BE SUBMITTED 72 HOURS PRIOR TO ORDERING SEMEN *****

Mare Name: _____ Contract Owner: _____

Billing Address _____

City, State, Zip: _____ Phone: (____) _____

Agent (Person Dropping off Mare) Name/ Phone: _____

ALL BILLING SENT VIA EMAIL- PLEASE CHECK YOUR SPAM!!!!

Show Mare _____ Stall Only _____ Pasture _____

STALLION: _____

Insurance Info: _____

Embryo Transfer: _____ ET Facility: _____ Phone: _____

**OWNER IS RESPONSIBLE FOR HAVING RECIPIENT FACILITY ARRANGEMENTS COMPLETE
PRIOR TO ANY EMBRYO TRANSFERS.**

6 Panel Results: _____ Coggins Date: _____

EWT Date: _____ West Nile _____ Flu _____

Rhino _____ Strep _____ Rabies _____

Last Farrier _____ Name / Number _____

Does this mare require Regumate: _____ Pergolide/ Prascend: _____

Culture Date: _____ Culture Results: _____

Other Pertinent Mare Info: _____

Arrived With: _____

**ALL CONTRACT FEES, FARM FEES, AND ANY ADDITIONAL EXPENSES MUST BE PAID IN FULL PRIOR TO MARE DEPARTING
FROM BRAZOS VALLEY STALLION STATION.**

VETERINARIAN INFORMATION (for shipped semen)

Veterinarian Clinic: _____

Veterinarians' Name: _____

Veterinarian Email: _____

Shipping Address: _____

City, State, Zip: _____

Office Phone#: _____ Cell Phone#: _____

NEAREST MAJOR AIRPORT: _____

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION (A VALID CARD MUST BE ON FILE PRIOR TO ANY PROCEDURES DONE)
*****THERE IS A 3% PROCESSING FEE FOR CREDIT CARD PAYMENT AND AMEX ACCEPTED WITH A 4.5% PROCESSING FEE****

Email for Insemination Feedback: _____

(An email will be sent to this address 14 days after the shipment goes out for a pregnancy update.)

BILLING EMAIL: _____

Credit Card Type: _____ **Credit Card Number:** _____

Expiration Date (MO/YR): _____ **Security Code:** _____

Name on Credit Card: _____

Billing Address: _____

City, State, Zip: _____

Signature: _____ **Date:** _____

Do you authorize BVSS to use this credit card for the Breeding Fee & Farm Fee?

Do you authorize BVSS to use this credit card for future shipping charges (If necessary)?