

**FOR OFFICE USE ONLY:**

Check/CC: \_\_\_\_\_ Contract #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Breeding Fee Paid: \_\_\_\_\_ Farm Fee Paid: \_\_\_\_\_

**NEW CONTRACT:**

**RETURN:**

**2023 ICSI BREEDING SERVICE CONTRACT**

1. I, \_\_\_\_\_ (Owner), hereby reserves one breeding to **DUAL REY** AQHA Reg #3258332 (GBED: N/G) for the Mare \_\_\_\_\_, Reg. # \_\_\_\_\_ for the Breeding Fee of **\$5,625**, (*stud fee does NOT apply if this is a return contract*) plus the Office Fee of **\$675** (at contract signing) (Made payable to BVSS) during Jan 1<sup>st</sup> to Aug 1<sup>st</sup> of 2023. 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 **\$5,625** each and an Office 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.
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. 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.
9. 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.
10. 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.
11. 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.
12. This contract is non-transferable nor assignable without prior written consent from BVSS.
13. 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: _____

### 2023 ON FARM INFORMATION SHEET

**RETURN THIS FORM WITH BREEDING CONTRACT AND COPY OF REGISTRATION PAPERS**

Mare Name: \_\_\_\_\_ AQHA #: \_\_\_\_\_ AGE: \_\_\_\_\_

Contract Owner: \_\_\_\_\_ Billing Email Address: \_\_\_\_\_

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: Yes No 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: Yes No Pergolide/ Prascend: Yes No

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.**

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

## 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?**

Yes, Full Amount When Contract is Received

Yes, but Booking Fee Only

No, I will send a check

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

Yes

No