

RED^{TB} Stallion Service Contract

Jockey Club 9407867 AQHA T0520393

Mare _____ Registration No. _____

Arrival Date _____ Departure Date _____ Mare Owner _____

Stallion Owner Jill Lane

Booking Fee \$250: Non-refundable and payable with this contract will reserve for the Mare Owner a breeding to **RED**

Paid with Check # _____ Date _____

2008 Stud Fee \$1000 (less booking fee)

Paid with Check # _____ Date _____

Stud and Booking Fees Payable To Jill Lane, PO Box 159, Fort Benton MT 59422 (406) 868-0477

Chute Fee \$400: chute fee is non-refundable and payable to Hilt Veterinary Service

Paid with Check # _____ Date _____

Chute Fee Payable To Hilt Veterinary Service, Clint Hilt, PO Box 38, Dutton MT 59433 (406) 463-2426

- 1] No mare shall be bred or palpated until Stallion Service Contract has been completed and signed, and the booking fee and chute fee have been paid.
- 2] Chute fee includes ultrasound, artificial insemination or live cover and pregnancy test for the first breeding cycle. It does not include uterine therapy (examples are flushes, cytology, biopsies, etc.) and subsequent service breedings.
- 3] All other expenses, including board, veterinarian expenses, farrier fees, etc., will be due and payable upon receipt of monthly statement. All fees (including stud fee balance) shall be paid in full prior to the mare's departure from breeding facility.
- 4] Mare must have proof of current Coggins test (if from state other than Montana) and be current on all vaccinations. If mare arrives without proof of Coggins and/or vaccination/deworming dates, mare will be tested and vaccinated upon arrival at mare owner's expense by the veterinarian. Sick mares will not be allowed on the premises.
- 5] A copy of the mare's registration papers, front and back, must be returned with this contract.
- 6] A breeder's certificate will be issued by the stallion owner for each live foal born as a result of breeding services herein provided. All fees and expenses pertaining to this breeding must be paid in full prior to issuance of certificate.
- 7] Live foal guarantee by stallion owner is contained herein with return privilege for the year immediately following. "Live foal" means that the foal resulting from the breeding stands alone, nurses, and lives for 24 hours. If foal is born dead or dies within 24 hours this guarantee only applies if the mare owner a) notifies stallion owner within 72 hours after the time of foaling that the mare did not produce a live foal and b) within ten days after the mare owner's notice, the mare owner provides the stallion owner with a statement from a licensed veterinarian giving the particulars required to substantiate the failure of mare to produce a live foal. A replacement mare may be substituted at the stallion owner's discretion if the mare named in this contract is unsuitable for a rebreed. The chute fee along with any additional mare care will be due and payable on any rebreed.
- 8] It is understood that should Red die or become unfit for service, this contract shall become null and void and the stud fee less the booking fee shall be refunded to the mare owner.
- 9] Mare owner understands and agrees that neither stallion owner, Hilt Veterinary Service, and/or their representatives will be held responsible or liable for any accident or sickness resulting in the death of the mare and/or foal. Furthermore, mare owner agrees that the above named parties may exercise their judgment in supervising and caring for mares and foals.

Mare Owner Information

I, the below signed, have read this contract and agree to its contents. All information is true and correct and the above named mare shall be bred to **RED** in the 2008 breeding season.

Name _____ Home Phone _____ Cell _____

Address _____ Work Phone _____ Fax _____

City/State/Zip _____

Signature _____ Date _____

Mare information

Age _____

Coggins _____

Dewormed _____

Vaccinations _____

Foal Information

Sex _____

Date of Birth _____

Color _____

Sire _____

Board on Mares

Dry Mare _____ \$15/day

Wet Mare _____ \$20/day

Mares requiring extra care _____ \$25/day

Insurance Company _____ Policy# _____ Telephone _____