

Equine Stallion Services

4900 NW 120th Street · Reddick, FL 32686

(352) 266-4669

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www.emcostallionservices.com

Stallion Service Contract

1. This contract is made by and between the Stallion Owner and _____ (Purchaser) for the purchase of frozen equine semen from the following stallion.

Stallion Name: _____ Price \$ _____

2. Mare Information: Registered Name of Mare _____

Sire _____	Breed _____
SIRE _____	Registry _____
Dam _____	UENL No _____
Sire _____	Color _____
DAM _____	Age _____
Dam _____	Height _____

Breeding History (last 3 years, cover date, results [live, dead, barren, aborted]) _____

3. The Equine Stallion Services (formerly Equine Medical Center of Ocala, Stallion Services), as the Agent for the Stallion Owner, agrees to provide the Purchaser with no more than 3 doses of frozen semen from the stallion specified above in exchange for a fee of US\$ _____, payable to the Equine Stallion Services. The Purchaser understands that one dose of semen will be provided for each insemination attempt, with a maximum of three doses over a two year period. There is no live foal guarantee; as such there is no refund if the mare fails to conceive and/or produce a live foal.

4. Purchaser agrees to pay the following fees:

- All Stud Fees must be paid in full before any semen will be shipped. Payment must be made to the Stud's Agent, Equine Stallion Services.
- All shipping fees from the Equine Medical Center of Ocala (EMCO; where the semen is stored) to your veterinarian. Under no circumstances will Equine Stallion Services, EMCO, or the Stallion Owner be responsible for semen damaged or lost in shipment or while it is in your veterinarian's possession. In the event that semen is lost or damaged, you will have lost that dose of semen.
- A Handling Fee of \$140.00 for each shipment, to Equine Stallion Services, which covers container rental for 7 days; liquid nitrogen; and consultations between yourself, your veterinarian, and Equine Stallion Services.

**ALL FEES AND COSTS MUST BE PAID
BEFORE ANY SEMEN WILL BE SHIPPED**

5. Owner Information:

Name: _____

Address: _____

Telephone: Day _____ Eve _____ Cell _____

Email: _____ Fax _____

6. Veterinarian Information: All inseminations must be performed by a veterinarian who is licensed in the State in which the work is being performed.

Name of Veterinarian: _____

Address: _____

Telephone: _____ Fax: _____

7. Warranty. Neither the Stallion Owner, nor its agent, Equine Stallion Services, are responsible for lost, delayed, or damaged semen and make no representations or warranties of any kind with respect to any semen furnished hereunder except that it is the Stallion's. The Purchaser understands and agrees that Equine Stallion Services makes no guarantees as to the fertilizing capacity of any semen provided under the terms of this contract.

8. Purchaser agrees to hold harmless Equine Stallion Services, the Equine Medical Center of Ocala (as storage facility), and the Stallion Owners for any injury or illness to mares in association with the insemination of frozen semen provided by Equine Stallion Services.

9. Governing Law. This contract is governed in all respects by the law of England and the Purchaser hereby submits to the exclusive jurisdiction of the English courts.

IN WITNESS WHEREOF, the Parties hereto have executed this Contract and agree to all stipulations in Schedule A (attached) as of the date shown below.

PURCHASER

Print Name: _____

Signature: _____

Date: _____

STALLION OWNER/AGENT

Print Name: Christine Miller, Agent

Signature: _____

Date: _____

SCHEDULE A

The semen must be thawed and inseminated by a licensed Veterinarian familiar with the concept and practical use of frozen equine semen. Please be aware that any attempt to use frozen semen outside the controlled situation of a qualified facility can greatly reduce, or even prevent, the chances of conception. Equine Stallion Services will provide detailed thawing and usage instructions with each dose of frozen semen. A “dose” of frozen semen will vary by stallion, but for practical purposes it will be defined as a **SINGLE** insemination unit that includes a minimum of 300 million progressively motile sperm that, when properly thawed, will have a post-thaw progressive motility of at least 30%. Specific values for each stallion are available upon request. All of the stallions represented by Equine Stallion Services were quarantined and the semen was frozen according to the U.S. Import Guidelines, including all required medical testing.

Breeding certificates will be issued bred upon receipt of written notification detailing dates of insemination and pregnancy examinations, as well as complete, detailed information about the mare (e.g., pedigree, registration details, owner). Please note that you may have ONE FOAL per stud fee. Please contact Christine if you are planning on doing an embryo transfer. If you do an embryo transfer and get more than one foal, a second reduced stud fee equal to the price of a single insemination dose will be due in order to obtain a second covering certificate. A maximum of THREE doses will be provided under the terms of this contract; a single insemination dose will be sent per breeding. The contract period is two years. After two years a new contract will need to be purchased.

There is **no refund of stud fees** if the mare fails to conceive and/or produce a live foal. If the mare conceives before three doses have been used and subsequently aborts or the foal fails to stand and nurse, then the mare owner can continue breeding the mare until the three doses available under this contract have been used. A veterinary letter may be required as proof of loss of foal.

Frozen semen will only be shipped via FedEx Priority Overnight. Semen can be shipped out Monday through Thursday. Friday shipments will only be possible if you live in an area where FedEx offers Saturday delivery service. Please call Christine at 352-266-4669 to get your tracking number. Please **DO NOT** email emergency shipment requests, as we cannot guarantee that we will receive the email in time. Semen will be shipped from the storage facility, the Equine Medical Center of Ocala (address: 7107 W. Hwy. 326, Ocala, FL 34482).

To return the container, use the enclosed FedEx airbill. If you do not return the shipping container within 7 days, an additional fee of \$10 per day will be charged. If the container has not been returned within 28 days, \$900 will be charged to the card on file to replace the lost vapor shipper.

Pregnancy Diagnosis. We recommend that all mares be examined by a veterinarian between 14 and 16 days after ovulation to determine pregnancy and spot possible twinning. Mares should then be checked again at 28–30 days to confirm a heartbeat. A final check should be made again at or before 60 days after ovulation to confirm the pregnancy.

Shipping Payment Information

Veterinarian Name: _____

Veterinarian Address: _____

Veterinarian Phone Number: _____

FedEx Delivery Address (if different from Vet Address): _____

When do you want the first dose of semen shipped? _____ If you state that you want the semen ASAP, we will ship it as soon as we have a vapor shipper available. Please try to order in advance, as there is no guarantee that a shipper will be available for same day or next day shipping.

Semen Payment Information

Container Rental/Handling Fee: \$ 140 (per shipment)

Cost of Semen Purchased: \$ _____

Total Due: \$ _____ (total due either by check or credit card)

Your payment(s) can be by check, credit card, or any combination thereof. Please make all checks payable to Equine Stallion Services. The credit card system requires the 3- or 4-digit security code (AMEX) and billing address. Alternatively, you can pay via PayPal to emcostallionservices@yahoo.com (ask for a PayPal invoice) although you still need to provide a method of payment for shipping reimbursement. **Please note there is a 3.4% fee for credit card payments and a 3% fee for PayPal payments.**

Credit Card: _____ Visa (billing zip code _____) _____ Mastercard _____ American Express

Name on Credit Card: _____ Security Code: _____

Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____