



21351 N US Hwy 377 Stephenville, TX 76401

brazosvalleystallionstation@gmail.com
www.brazosvalleystallionstation.com

PH: (254)485-8280 FAX: (866)264-2942

2019 ON FARM BREEDING CONTRACT
BR GOLDEN LEADER

- 1. BRAZOS VALLEY STALLION STATION LP (BVSS) hereby reserves one breeding to BR GOLDEN LEADER, AQHA Registration #4062329 (Herda N/N) for the Mare...
2. Owner must attach a copy of the mare's registration papers to this contract and provide all other information as requested.
3. If the Stallion should die or become unfit for service prior to the mare getting in foal, the Breeding Fee shall be refunded.
4. If your mare will be an embryo donor, BVSS can perform the embryo flush and transport the embryo to a separate embryo transfer facility of the Mare Owner's choice..
5. BVSS will diligently try to settle the mare from Feb 1, 2019 through July 15, 2019.
6. The Processing Fee is non-refundable. The Processing Fee of \$350 includes collection of the stallion and record keeping.
7. The Mare must be healthy and in sound breeding condition.
8. A current (within 12 months) negative Coggins is required.
9. BVSS veterinarians will check the mare for normal breeding conditions and perform other such services as BVSS, in its sole judgment, deems necessary.
10. The Owner shall pay for the feeding, boarding and care of the mare and/or foal as follows:
11. Accounts will be billed monthly on or about the first of the month.
12. Should any foal which is born to the mare, pursuant to this contract, not stand and suck, the Owner shall be entitled to a re-breed the following year only for this mare.
13. If the mare proves not to be in foal as a result of this contract or if the foal does not stand and suck, BVSS has the option to re-breed the mare the following year only.
14. This contract provides for one (1) Breeder's Certificate.
15. TO OBTAIN A "BREEDER'S CERTIFICATE" YOU MUST NOTIFY BRAZOS VALLEY STALLION STATION LP OF THE BIRTH OF THE FOAL.
16. Owner shall hold Stallion Owner and BVSS harmless for any accident, injury, theft, disease, sickness, or death suffered by the mare and/or foal.
17. In the event of any injury or death to the mare and/or foal, the Owner will look solely to his/her own insurance.
18. If it should become necessary for BVSS to retain the services of an attorney to enforce its rights under the terms of this contract.
19. 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.
20. This contract is non-transferable nor assignable without prior written consent from BVSS.
21. All International Clients or US Clients must pay with US Funds via Credit Card (3% Surcharge for MC, VISA, DISCOVER or 4.5% AmEX), Wire Transfer (\$50 Surcharge) or check from a US Bank account.

MARE OWNER: \_\_\_\_\_

BVSS/AGENT: \_\_\_\_\_ Jeremy Barwick

ADDRESS: \_\_\_\_\_

BVSS SIGNATURE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

ACCEPTANCE DATE: \_\_\_\_\_

Phone#: \_\_\_\_\_

E-mail: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_

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



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## 2019 MARE OWNER INFORMATION SHEET

**\*\*RETURN THIS FORM WITH BREEDING CONTRACT and COPY OF REGISTRATION PAPERS\*\***

**NAME OF MARE:** \_\_\_\_\_ **STALLION CHOICE:** \_\_\_\_\_

Carry (y/n): \_\_\_\_\_ Embryo Transfer (y/n): \_\_\_\_\_ ISCI (y/n): \_\_\_\_\_ Frozen Embryo (y/n): \_\_\_\_\_

### MARE OWNER INFORMATION:

Name of Owner: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Insurance Company (if applicable): \_\_\_\_\_ Phone#: \_\_\_\_\_

### VETERINARIAN INFORMATION (for shipped semen)

Veterinarian Name: \_\_\_\_\_

Veterinarian Clinic: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

**NEAREST MAJOR AIRPORT:** \_\_\_\_\_

### CREDIT CARD INFORMATION (A VALID Credit Card MUST be on file with BVSS prior to first shipment!)

**VISA, MASTERCARD, DISCOVER ACCEPTED**

**THERE IS A 3% PROCESSING FEE FOR CREDIT CARD PAYMENT AND**

**AMEX ACCEPTED WITH A 4.5% PROCESSING FEE**

Credit Card Type: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date (MO/YR): \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature Authorization: \_\_\_\_\_ Date: \_\_\_\_\_