



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
KIT KAT SUGAR

\$4,000 if booked in 1st 50 contracts

- 1. BRAZOS VALLEY STALLION STATION LP (BVSS) hereby reserves one breeding to KIT KAT SUGAR, AQHA Registration #5158701 (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 Chute Fee is non-refundable. The Chute Fee includes all palpations, ultrasounds, routine inseminations 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 nurse, the Owner shall be entitled to a re-breed.
13. If the mare proves not to be in foal as a result of this contract or if the foal does not stand and nurse, 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% for AmEX), Wire Transfer (\$50 Surcharge) or check from a US Bank account.

MARE OWNER: _____ BVSS/AGENT: _____ Barbara J Allsup

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: _____