

PHILLIPS EQUINE CLINIC, P.C.

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MARE ON-SITE AGREEMENT AND LIABILITY RELEASE

OFF-SITE STALLION, SHIPPED COOLED OR FROZEN SEMEN

This contract is for the breeding season of _____ through _____ 20____ is made and entered into on this day _____ of _____, 20____ by and between _____ hereinafter designated, MARE OWNER and PHILLIPS EQUINE CLINIC, P.C., hereinafter designated as CLINIC.

MARE OWNER agrees to breed the mare _____ breed _____ registration number _____ utilizing shipped cooled or frozen semen to Stallion _____, Breed _____ Registration number _____ subject to the following conditions:

1. The MARE OWNER states that arrangements have been made with the stallion owner/agent for the shipment of said semen in a timely manner and/or all pertinent information for securing semen in such manner will be provided to the CLINIC.
2. CLINIC will provide suitable facilities for the care and feed of mare and/or foal while at facility. MARE OWNER has inspected CLINIC breeding facilities and agrees that they are adequate. MARE OWNER agrees to pay for care and feed for mare at rate of \$____ per day for dry mares and \$____ per day for wet mares.
3. Mare owner is responsible for any veterinary charges related to breeding work or necessary care. as follows:
Charges for any veterinary services for breeding process: including but not limited to, ultrasounds, palpations, inseminations will be invoiced but capped @ \$250.00 per cycle. Any drugs and/or treatments needed during each cycle will be billed separately and not included in the cap (i.e., HCG, Deslorelin, cultures, flushes, etc.)

MARE OWNER shall allow CLINIC to have its veterinarian and/or staff check the mare for normal breeding health and to perform other reproductive services the CLINIC may deem necessary to ensure proper treatment. All ultrasounds will be performed by a licensed veterinarian. Charges for the return of semen shipping containers as required by the stallion owner will be paid by MARE OWNER.

4. CLINIC shall invoice MARE OWNER on a monthly basis for all expenses related to Mare and/or foal-by-side including, but not limited to, board, farrier, veterinarian and medication expenses. The unpaid balance of MARE OWNER'S account is due and payable in full on the 10th day of the month in which the invoice is received. CLINIC shall invoice MARE OWNER for the balance of the charges when the mare is determined to be in foal. Balance is due at the time mare is picked up from CLINIC. Any outstanding balance on the account not fully paid within 45 days from the date of invoice will allow CLINIC to take any and all actions necessary to collect the outstanding sum and to minimize further expenses and damages to CLINIC.
5. MARE OWNER agrees to provide a negative coggins (a Health Certificate is required for all mare coming from out of state.)
6. Mares must be halter broken.
7. A copy of Mare's registration papers is required.

8. A n information sheet must be completed listing vaccination and de-worming history and other pertinent health information along with owner and emergency contact information.
9. MARE OWNER understands that the mare may be tranquilized for breeding purposes if deemed reasonable and necessary by the veterinarian. CLINIC agrees to exercise due diligence utilizing all normal means available to get said mare in foal and MARE OWNER understands that there are inherent risks associated with breeding process that offers no guarantee of pregnancy.
10. CLINIC agrees to provide the stallion owner with pertinent information required breed association for the purpose of foal registration as a result of this breeding.

This contract represents the entire agreement between the parties. No other agreements, promises or representations, verbal or implied, are included herein unless specifically stated in this written agreement. This contract is made and entered into in the State of Missouri and shall be enforced and interpreted in accordance with the laws of Missouri.

Additional Agreements:

initial ____ MARE OWNER ____ CLINIC

MARE OWNER

PHILLIPS EQUINE CLINIC, P.C.

_____ Date

By _____
Sarah Phillips, DVM, President date