

21351 N US Highway 377 / Stephenville, TX 76401 / 254.485.828 brazosvalleystallionstation.com office@bvsstx.com

FOR OFFICE USE ONLY:				
Check/CC:	Contract #:			
Date Received:				
Breeding Fee Paid:	Farm Fee Paid:			

2025 BLAZIN JETOLENA ICSI BREEDING SERVICE CONTRACT

1.	I,(Owner), hereby reserves one breedin	g to BLAZIN JETOLENA AQHA Registration #4459515 (5 PANEL:
	N/N) for the Mare	Reg. # for the Breeding Fee of \$7,500 plus the Office
		2025. A Non-Refundable booking fee of \$1,000 will be due when returning
). All fees are due prior to ICSI. BVSS is to be notified of the number of dditional Embryos Fees are as follows: Advertised breeding fee of year
		ees are due when recipient mare has a 60-day positive pregnancy check).
	Office Fees are non-refundable.	
2.	Please state what ICSI Facility will be used:	
3.	The owner must attach a copy of the mare's registration papers to	this agreement and provide all other information as requested. The Owner
		s needed, the first substitution is free of charge. Each additional substitution
	will have a \$150 charge, unless extenuating circumstances apply.	, ,
4.		") procedure into the cytoplasm of a mature oocyte, which physically causes
	approved facilities that will have access to the semen for the ICSI	facility to have their mares' oocytes injected. Please see the attached list of
5.	Frozen semen will be used for this contract unless fresh semen is a	•
٥.		e embryos are produced from this ICSI procedure, it will be the responsibility
		duced. If not reported by November 15th, the mare owner will be
	· · · · · · · · · · · · · · · · · · ·	eding Reports are prepared immediately after the end of breeding season. I
	• • • • • • • • • • • • • • • • • • • •	,000 will be issued for injecting oocyte(s) on any other mare withou
		any mare without a current paid (new or rebreed) contract in place
6.	If Mare Owner desires to vitrify the embryo(s), it will solely be their i	, , , , , , , , , , , , , , , , , , , ,
	responsibility to notify BVSS when the frozen embryo is utilized.	
7.	·	date when embryos are produced. If all embryos have not been utilized within
	· · · · · · · · · · · · · · · · · · ·	even if there are embryos still in storage. All rebreeds will require a statemen
	from the Veterinarian, via email to BVSS (office@bvsstx.com) befo	re a rebreed contract will be issued.
8.		BRAZOS VALLEY STALLION STATION LP OF THE BIRTH OF THE FOAL.
		T BEEN PAID IN FULL. The Stallion owner is responsible for signing the
۵	Breeder's Certificates.	n attended to enforce its rights under the torms of this contract including
9.		n attorney to enforce its rights under the terms of this contract, including rill pay BVSS all expenses and costs, including reasonable and necessary
	attorney's fees incurred by BVSS in enforcing this contract.	in pay 5755 an expenses and costs, including reasonable and necessary
10	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.	, , , <u>-</u>
11	${f L}_{f st}$ This contract is non-transferable nor assignable without prior writt	en consent from BVSS. Contracts that are not paid in full by
	December 31st of 2025 will be cancelled.	
12		e current breeding season, BVSS will forward a copy of all contracts
12	and records needed to the stallion owner after which will t	<u> </u>
13	Transfer (\$50 Surcharge) or check from a US Bank account.	it Card (3% Surcharge for MC, VISA, DISCOVER or 4.5% for AmEX), Wire
	Transfer (455 building 95) or affect from a 55 built account.	
		For Office Use Only
CONTRACT OWNER:		BVSS/AGENT: Lisa Szwejbka
ADDF	PRESS:	BVSS SIGNATURE:
CITY	Y/STATE/ZIP:	ACCEPTANCE DATE:
PHON	NF#· F-MΔII·	
	L PIALI	
CON	NTRACT OWNER/AGENT SIGNATURE	DATE:

*** ALL PAPERWORK MUST BE SUBMITTED 72 HOURS PRIOR TO ORDERING SEMEN ***

VETERINARIAN INFORMATION FOR SHIPPED SEMEN

Veterinarian Clinic:			-	
Veterinarians' Name:				
Veterinarian Email:				
Shipping Address:			-	
City, State, Zip:				
Office Phone#:	Cell Phone#:			
NEAREST MAJOR AIRPORT:				
9	CREDIT CARD AU	THORIZATIO	N FORM	
			PRIOR TO ANY PROCEDURES ACCEPTED WITH A 4.5% PROCESS:	
THERE IS A 3% PROCESSIN	IG FEE FOR CREDIT CARD P	ATMENT AND AMEX I	ACCEPTED WITH A 4.5 70 PROCESS.	ING FEE
Email for Insemination Feed				
(An email will be sent to thi	is address 14 days after th	he shipment goes ou	it for a pregnancy update.)	
BILLING EMAIL:				
Credit Card Type:	Credit Card	Number:		
Expiration I	Date (MO/YR):	Securit	y Code:	
Name on Credit Card	J:			
Billing Address:				
City, State, Zip:				
Signature:		Dat	re:	
Do you authoriz	e BVSS to use this cre	edit card for the	Breeding Fee & Farm Fee?	
Yes, Full Amo	ount When Contract is	s Received	•	ly

Do you authorize BVSS to use this credit card for future shipping charges (If necessary)?

Yes No