

21351 N US Highway 377 / Stephenville, TX 76401 / 254.485.8280 brazosvalleystallionstation.com office@bvsstx.com

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

## 2025 CATOLENA CASHIN IN ICSI BREEDING SERVICE CONTRACT

1	I, (Owner), hereby reserves one breed	ing to <u>CATOLENA CASHIN IN</u> AQHA Registration #5858573 (7			
Δ.	PANEL: N/N) for the Mare(Owner), hereby reserves one breed	_, Reg. # for the Breeding Fee of <b>\$4,500</b> plus and the			
	Office Fee of <b>\$675</b> (Made payable to BVSS) during Jan 1 <sup>st</sup> to Dec 3: returning signed contract (booking fee will be deducted from breeding of embryos produced as soon as the ICSI procedure is completed. Add	Ist of 2025. A Non-Refundable booking fee of <b>\$1,000</b> will be due when fee). All fees are due prior to ICSI. BVSS is to be notified of the number litional Embryos Fees are as follows: <b>Advertised breeding fee of year</b> are due when recipient mare has a 60-day positive pregnancy check).			
	Please state what ICSI Facility will be used:				
3.		s agreement and provide all other information as requested. The Owner eeded, the first substitution is free of charge. Each additional substitution hat is the case, please give us a call.			
	physically causes fertilization. Mare Owner may choose to work with the attached list of approved facilities that will have access to the sen	·			
5.	of the Mare Owner to notify BVSS of the number of embryos produc	ilable AND requested.  Inbryos are produced from this ICSI procedure, it will be the responsibility ed. If not reported by November 15th, the mare owner will be an greports are prepared immediately after the end of breeding season. It			
		0 will be issued for injecting oocyte(s) on any other mare without			
	, , ,	y 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 resp	consibility to pay all nomination fees. It is also the Mare Owner's			
_	responsibility to notify BVSS when the frozen embryo is utilized.				
/.	Rebreed contracts will be honored for 2 years after the initial ICSI date when embryos are produced. If all embryos have not been utilized within the 2 years of this contract, all rebreed rights will be null and void, even if there are embryos still in storage. All rebreeds will require a statemen				
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R	from the Veterinarian, via email to BVSS (office@bvsstx.com) before a rebreed contract will be issued.  TO OBTAIN A "BREEDER'S CERTIFICATE" YOU MUST NOTIFY BRAZOS VALLEY STALLION STATION LP OF THE BIRTH OF THE FOAL.				
O.	CERTIFICATE WILL NOT BE ISSUED IF THE ACCOUNT HAS NOT BEEN PAID IN FULL. The Stallion owner is responsible for signing Breeder's Certificates.				
9.	If it should become necessary for BVSS to retain the services of an attorney to enforce its rights under the terms of this contract, including but not limited to the collection of any sums due, the Owner will pay BVSS all expenses and costs, including reasonable and necessary attorney's fees incurred by BVSS in enforcing this contract.				
10	O. Any dispute related to this contract will be governed by the laws of the shall be in Erath County, Texas.	the State of Texas and venue of any dispute arising from this Contract			
11	1. This contract is non-transferable nor assignable without prior written	consent from BVSS. Contracts that are not paid in full by			
12	December 31st of 2025 will be cancelled.  2. If a stallion leaves BVSS management in the middle of the cuand records needed to the stallion owner after which will thu	urrent breeding season, BVSS will forward a copy of all contracts sterminate all mare breeding contracts with BVSS.			
13	<b>3.</b> All International and US Clients must pay with US Funds via Credit C Transfer (\$50 Surcharge) or check from a US Bank account.	-			
CON	NTRACT OWNER:	For Office Use Only  BVSS/AGENT: Lisa Szwejbka			
ADDI	DRESS:	BVSS SIGNATURE:			
CITY	Y/STATE/ZIP:	ACCEPTANCE DATE:			
PHOI	DNE#: E-MAIL:	•			
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