

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 EDDIE STINSON ICSI BREEDING SERVICE CONTRACT

| 1. | | | _ AQHA Registration #4475863 (5 PANEL | | | | |
|------|--|---|---|--|--|--|--|
| | N/N) for the MareOffice Fee of \$675 (Made payable to BVSS) during Jan 1 st to Dec 3 | , Reg. # | for the Breeding Fee of \$4,500 plus and the | | | | |
| | returning signed contract (booking fee will be deducted from breeding | 31° Of 2025. A Non-Refun | dable booking fee of \$1,000 will be due when | | | | |
| | of embryos produced as soon as the ICSI procedure is completed. Ad | | | | | | |
| | each embryo is utilized plus an Office Fee of \$300 each (all fee | | | | | | |
| _ | Office Fees are non-refundable. | | | | | | |
| | 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 Owr agrees to breed the mare specified. If a mare change/substitution is needed, the first substitution is free of charge. Each additional substitution will have a \$150 charge, unless extenuating circumstances apply. If that is the case, please give us a call. | | | | | | |
| 4. | Mare shall be bred using an intracytoplasmic sperm injection ("ICSI") | | | | | | |
| _ | fertilization. Mare Owner may choose to work with any approved facility to have their mares' oocytes injected. Please see the attached list of approved facilities that will have access to the semen for the ICSI procedure. | | | | | | |
| Э. | Frozen semen will be used for this contract unless fresh semen is av This contract provides for one (1) Breeder's Certificate. If multiple e | • | m this ICSI procedure it will be the responsibility | | | | |
| | of the Mare Owner to notify BVSS of the number of embryos produ | | | | | | |
| | responsible for all late fees (\$100 per embryo). Stallion Breed | • | • | | | | |
| | all embryos fail, a rebreed contract would be granted. A fine of \$1,0 | | , | | | | |
| | | notifying BVSS first of the change or injecting oocyte(s) on 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 re- | - | | | | | |
| | responsibility to notify BVSS when the frozen embryo is utilized. | | | | | | |
| 7. | Rebreed contracts will be honored for 2 years after the initial ICSI da | | · · | | | | |
| | the 2 years of this contract, all rebreed rights will be null and void, ev | - | • | | | | |
| _ | from the Veterinarian, via email to BVSS (office@bvsstx.com) before | | | | | | |
| 8. | TO OBTAIN A "BREEDER'S CERTIFICATE" YOU MUST NOTIFY BRAZOS VALLEY STALLION STATION LP OF THE BIRTH OF THE FOAL CERTIFICATE WILL NOT BE ISSUED IF THE ACCOUNT HAS NOT BEEN PAID IN FULL. The Stallion owner is responsible for signing the 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 | 0. Any dispute related to this contract will be governed by the laws of | the State of Texas and v | enue of any dispute arising from this Contract | | | | |
| | shall be in Erath County, Texas. | | , , , , , , , , , , , , , , , , , , , | | | | |
| 11 | This contract is non-transferable nor assignable without prior writter December 31st of 2025 will be cancelled. | n consent from BVSS. Con | tracts that are not paid in full by | | | | |
| 12 | If a stallion leaves BVSS management in the middle of the cand records needed to the stallion owner after which will the | | | | | | |
| 13 | 3. All International and US Clients must pay with US Funds via Credit | | _ | | | | |
| 10 | Transfer (\$50 Surcharge) or check from a US Bank account. | cara (370 Sarcharge for 1 | ic, vish, biscover of 4.5 % for Amery, wife | | | | |
| | | | For Office Use Only | | | | |
| CON | NTRACT OWNER: | BVSS/AGENT: | Lisa Szwejbka | | | | |
| | 2250 | DVGC CTCVATURE | | | | | |
| ADDI | DRESS: | BVSS SIGNATURE: | | | | | |
| CITY | Y/STATE/ZIP: | ACCEPTANCE DATE: _ | | | | | |
| PHO | DNE#: E-MAIL: | · | | | | | |
| | | | | | | | |
| CON | NTRACT OWNER/AGENT SIGNATURE: | DAT | E: | | | | |

*** 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