

brazosvalleystallionstation.com office@bvsstx.com

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

|      | ALL CONTRACTS/PAPERWORK MUST BE TO BVSS 72 HRS  |   |   |  |  |  |
|------|---|---|---|--|--|--|
| 1.   | I,(Owner), hereby reserves one breedin <b>EJSCA: N/JSA)</b> for the Mare  | g to <u><b>HASHTAGS</b></u><br>. Reg. #   | _ AQHA Registration #5591157 (GBED: N/G,<br>for the Breeding Fee of \$5.000 plus and the  |  |  |  |
|      | Office Fee of <b>\$675</b> (Made payable to BVSS) during Jan 1 <sup>St</sup> to Dec 31 <sup>st</sup> returning signed contract (booking fee will be deducted from breeding for embryos produced as soon as the ICSI procedure is completed. Addit <b>each embryo is utilized</b> plus an Office Fee of <b>\$300</b> each (all fees a Office Fees are non-refundable.                      | <sup>t</sup> of 2025. A Non-Re<br>fee). All fees are due<br>tional Embryos Fees | efundable booking fee of <b>\$1,000</b> will be due when e prior to ICSI. BVSS is to be notified of the number are as follows: <b>Advertised breeding fee of year</b> |  |  |  |
| 2.   | Please state what ICSI Facility will be used:   |   |   |  |  |  |
| 3.   | The owner must attach a copy of the mare's registration papers to this agrees to breed the mare specified. If a mare change/substitution is neewill have a \$150 charge, unless extenuating circumstances apply. If the   | eded, the first substit   | tution is free of charge. Each additional substitution  |  |  |  |
| 4.   | Mare shall be bred through the use of an intracytoplasmic sperm injection ("ICSI") procedure into the cytoplasm of a mature oocyte, whice physically causes 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. |   |   |  |  |  |
| 5.   | Frozen semen will be used for this contract unless fresh semen is availad This contract provides for one (1) Breeder's Certificate. If multiple embles of the Mare Owner to notify BVSS of the number of embryos produced responsible for all late fees (\$100 per embryo). Stallion Breeding   | bryos are produced<br>d. <b>If not reporte</b>                                  | from this ICSI procedure, it will be the responsibility d by November 15th, the mare owner will be  |  |  |  |
|      | all embryos fail, a rebreed contract would be granted. A fine of \$1,000  |   | ,   |  |  |  |
|      | notifying BVSS first of the change or injecting oocyte(s) on any  |   |   |  |  |  |
| 6.   | If Mare Owner desires to vitrify the embryo(s), it will solely be their response  |   |   |  |  |  |
|      | responsibility to notify BVSS when the frozen embryo is utilized.   |   |   |  |  |  |
| 7.   | Rebreed contracts will be honored for 2 years after the initial ICSI date   |   | · · · · · · · · · · · · · · · · · · ·   |  |  |  |
|      | the 2 years of this contract, all rebreed rights will be null and void, even  | •   | - ,   |  |  |  |
| _    | from the Veterinarian, via email to BVSS (office@bvsstx.com) before a   |   |   |  |  |  |
| 8.   | TO OBTAIN A "BREEDER'S CERTIFICATE" YOU MUST NOTIFY BRAZOS VALLEY STALLION STATION LP OF THE BIRTH OF THE FOR 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   | <b>10.</b> 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.   |   |   |  |  |  |
| 11   | <ul> <li>This contract is non-transferable nor assignable without prior written of<br/>December 31<sup>st</sup> of 2025 will be cancelled.</li> </ul>   | onsent from BVSS. <b>C</b>  | Contracts that are not paid in full by  |  |  |  |
|      | <ul> <li>If a stallion leaves BVSS management in the middle of the cur<br/>and records needed to the stallion owner after which will thus</li> </ul>  | terminate all ma  | re breeding contracts with BVSS.  |  |  |  |
| 13   | <ul> <li>All International and US Clients must pay with US Funds via Credit Cal<br/>Transfer (\$50 Surcharge) or check from a US Bank account.</li> </ul>   | rd (3% Surcharge fo   | or MC, VISA, DISCOVER or 4.5% for AmEX), Wire   |  |  |  |
| CON  | TRACT OWNER:  | BVSS/AGENT:   | For Office Use Only Lisa Szwejbka   |  |  |  |
| ADDF | RESS:   | BVSS SIGNATURE:   |   |  |  |  |
| CITY | /STATE/ZIP:   | ACCEPTANCE DATI   | E:  |  |  |  |
| PHO  | NE#: E-MAIL:  |   |   |  |  |  |
|      |   |   |   |  |  |  |
| CON  | TRACT 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 AMEA     | 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