

FOR OFFICE USE ONLY:

Check/CC: _____ Contract #: _____

Date Received: _____

Breeding Fee Paid: _____ Farm Fee Paid: _____

2025 HIGH BROW CAT ICSI BREEDING SERVICE CONTRACT

ALL CONTRACTS/PAPERWORK MUST BE TO BVSS 72 HRS PRIOR TO ORDERING SEMEN OR PAY \$100 RUSH FEE

1. I, _____ (Owner), hereby reserves one breeding to **HIGH BROW CAT AQHA Registration #2706274 (HERDA: N/HRD)** for the Mare _____, Reg. # _____ for the Breeding Fee of **\$5,500** plus and the Office Fee of **\$675** (Made payable to BVSS) during Jan 1st to Dec 31st of 2025. A Non-Refundable booking fee of **\$1,000** will be due when returning signed contract (booking fee will be deducted from breeding fee). All fees are due prior to ICSI. BVSS is to be notified of the number of embryos produced as soon as the ICSI procedure is completed. Additional Embryos Fees are as follows: **Any embryo utilized in 2025 will be \$5,000 plus an Office Fee of \$300 each, any other additional embryos utilized after 2025 will be the advertised breeding fee of year each embryo is utilized plus an Office Fee of \$300 each** (all fees 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 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 through the use of an intracytoplasmic sperm injection ("ICSI") procedure into the cytoplasm of a mature oocyte, which 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 via ICSI procedure. NO fresh semen available. This contract provides for one (1) Breeder's Certificate. If multiple embryos are produced from this ICSI procedure, it will be the responsibility of the Mare Owner to notify BVSS of the number of embryos produced. This contract is considered fulfilled when one viable foal has been born. **If not reported by November 15th, the mare owner will be responsible for all late fees (\$100 per embryo).** Stallion Breeding Reports are prepared immediately after the end of breeding season. If all embryos fail, a rebreed contract would be granted. **A fine of \$1,000 will be issued for injecting oocyte(s) on any other mare without notifying BVSS first of the change or injecting oocyte(s) on any mare without a current paid (new or rebreed) contract in place.**
6. **Should any foal which is born to the mare, pursuant to this contract, not stand and nurse, the owner shall be entitled to a re-breed, as long as no frozen embryos with the same injection date are still in storage. This rebreed shall apply only if BVSS is notified within one (1) week of the death of the foal. This notification must be accompanied by a written statement from a licensed veterinarian, stating the cause of death. All rebreeds must pay a farm fee that is applicable for that breeding season. 2nd year rebreeds will be at the discretion of the stallion owner; additional breeding fees may apply. If rebreed is not attempted in the following year the rebreed contract will be voided.**
7. If Mare Owner desires to vitrify the embryo(s), it will solely be their responsibility to pay all nomination fees. It is also the Mare Owner's responsibility to notify BVSS when the frozen embryo is utilized.
8. 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 statement from the Veterinarian, via email to BVSS (office@bvsstx.com) before a rebreed contract will be issued.
9. 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.
10. 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.
11. 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.
12. This contract is non-transferable nor assignable without prior written consent from BVSS. **Contracts that are not paid in full by December 31st of 2025 will be cancelled.**
13. **If a stallion leaves BVSS management in the middle of the current breeding season, BVSS will forward a copy of all contracts and records needed to the stallion owner after which will thus terminate all mare breeding contracts with BVSS.**
14. All International and US Clients must pay with US Funds via Credit Card (3% Surcharge for MC, VISA, DISCOVER or 4.5% for AmEX), Wire Transfer (\$50 Surcharge) or check from a US Bank account.

CONTRACT OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE#: _____ E-MAIL: _____

CONTRACT OWNER/AGENT SIGNATURE: _____ **DATE:** _____

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BVSS/AGENT: **Lisa Szejbka** _____

BVSS SIGNATURE: _____

ACCEPTANCE 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: _____

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION (A VALID CARD MUST BE ON FILE PRIOR TO ANY PROCEDURES DONE)

*****THERE IS A 3% PROCESSING FEE FOR CREDIT CARD PAYMENT AND AMEX ACCEPTED WITH A 4.5% PROCESSING FEE****

Email for Insemination Feedback: _____

(An email will be sent to this address 14 days after the shipment goes out for a pregnancy update.)

BILLING EMAIL: _____

Credit Card Type: _____ **Credit Card Number:** _____

Expiration Date (MO/YR): _____ **Security Code:** _____

Name on Credit Card: _____

Billing Address: _____

City, State, Zip: _____

Signature: _____ **Date:** _____

Do you authorize BVSS to use this credit card for the Breeding Fee & Farm Fee?

Yes, Full Amount When Contract is Received

Yes, but Booking Fee Only

No, I will send a check

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

Yes

No



2025 Approved ICSI Facilities

North Texas/Oklahoma locations

EquiEmbryo – Young Ho Choi, DVM; Fort Worth Texas

Email: info@equiembryo.com

Website: www.equiembryo.com

Office: 817-386-5900

Viagen Equine – Collinsville, Texas

Email: christina.gosch@viagenequine.com

Website: www.viagenequine.com

Office: 866-434-5181

Genetech Equine – Purcell, OK

Email: genetechus@gmail.com

Website: www.genetechvet.com

Office: 405-926-8790

Vita Nova Reproduction Center, PLLC

10121 FM 2931

Pilot Point, Texas 76258

Email: krader@vitanovarepro.com

Website: www.vitanovarepro.com

Office: 945-248-0060

Midwest location

Equine Medical Services – Dr. Rob Foss, DVM; Columbia, MO

Email: equinemedical@aol.com

Website: www.equmed.com

Office: 573-443-4414

California Location

Vet Repro Innovations – Dr. Fernando Campos- Chillon, DVM; San Luis Obispo, CA

Email: lfcampos@vetreproinnovations.com

Website: www.vetreproinnovations.com

Office: 209-918-4838

Pacific Northwest Location

HonahLee PC – Dr. Laura Metcalf, DVM; Portland, Oregon

Email: honahlee@integra.net

Website: www.honahleevet.us

Office: 503-494-2939

Canada Location

Viagen Equine – Alberta, Canada

Email: heidevet@hotmail.com

Office: 403-341-3875