

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 SNIPERR ICSI BREEDING SE ALL CONTRACTS/PAPERWORK MUST BE TO BVSS 72 HRS PRIOR TO					
1.	1. I,(Owner), hereby reserves one breeding to, Reg. #, Reg. #	AQHA Registration #6013744 (7 PANEL: N/N) for				
	Office Fee of \$675 (Made payable to BVSS) during Jan 1 St to Dec 31 St of 2025. A returning signed contract (booking fee will be deducted from breeding fee). All fees of embryos produced as soon as the ICSI procedure is completed. Additional Embry each embryo is utilized plus an Office Fee of \$300 each (all fees are due whe Office Fees are non-refundable.	Non-Refundable booking fee of \$1,000 will be due when are due prior to ICSI. BVSS is to be notified of the number os Fees are as follows: Advertised breeding fee of year				
	 Please state what ICSI Facility will be used:	st substitution is free of charge. Each additional substitution				
4.	4. Mare shall be bred through the use of an intracytoplasmic sperm injection ("ICSI"	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				
5.	5. Frozen semen will be used for this contract unless fresh semen is available AND rec	•				
	This contract provides for one (1) Breeder's Certificate. If multiple embryos are pr	· · · · · · · · · · · · · · · · · · ·				
	of the Mare Owner to notify BVSS of the number of embryos produced. If not r	· · · · · · · · · · · · · · · · · · ·				
	responsible for all late fees (\$100 per embryo). Stallion Breeding Reports an	· ·				
	all embryos fail, a rebreed contract would be granted. A fine of \$1,000 will be issued to the state of \$1,00					
_	notifying BVSS first of the change or injecting oocyte(s) on any mare with					
	 If Mare Owner desires to vitrify the embryo(s), it will solely be their responsibility to presponsibility to notify BVSS when the frozen embryo is utilized. Rebreed contracts will be honored for 2 years after the initial ICSI date when embry 					
7.	the 2 years of this contract, all rebreed rights will be null and void, even if there are	· · · · · · · · · · · · · · · · · · ·				
	from the Veterinarian, via email to BVSS (office@bvsstx.com) before a rebreed con					
8.	8. TO OBTAIN A "BREEDER'S CERTIFICATE" YOU MUST NOTIFY BRAZOS VALLEY CERTIFICATE WILL NOT BE ISSUED IF THE ACCOUNT HAS NOT BEEN PAID IN Breeder's Certificates.	STALLION STATION LP OF THE BIRTH OF THE FOAL.				
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. Any dispute related to this contract will be governed by the laws of the State of T shall be in Erath County, Texas.	, , -				
	11. This contract is non-transferable nor assignable without prior written consent from December 31 st of 2025 will be cancelled.	. ,				
	12. If a stallion leaves BVSS management in the middle of the current breed and records needed to the stallion owner after which will thus terminate	all mare breeding contracts with BVSS.				
13	13. All International and US Clients must pay with US Funds via Credit Card (3% Surc Transfer (\$50 Surcharge) or check from a US Bank account.	harge for MC, VISA, DISCOVER or 4.5% for AmEX), Wire				
CON	CONTRACT OWNER: BVSS/AGE	For Office Use Only Lisa Szwejbka				
ADDI	ADDRESS: BVSS SIGN	NATURE:				
CITY	CITY/STATE/ZIP: ACCEPTAN	ICE DATE:				
PHOI	PHONE#: E-MAIL:					
CON	CONTRACT 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