



Pure Dynamic 2010 Shipped Cooled Semen Contract

This agreement, made on the date shown below by and between Bronson Veterinary Services, P.C. (BVS) and the undersigned Owner or Lessee of the mare described below (Mare Owner):

1. **BREEDING:** The Mare Owner hereby engages one service by shipped cooled semen to Pure Dynamic (the stallion) for the following mare for the 2010 breeding season:

Registration Name: _____ Reg. #: _____ Breed: _____

2. **BREEDING FEE AND BOOKING FEE:** The Breeding Fee shall be \$1500 which includes a nonrefundable booking fee of \$350, payable with this Contract, which reserves in the Stallion's book for the 2010 a breeding for the Mare. The Mare Owner agrees to pay the balance of \$1150 and any other fees due before any shipment of semen shall be made
3. **COLLECTION, CONTAINER, AND SHIPPING FEES:** Semen will be sent by FedEx Express Priority Overnight Service using disposable shipping containers. Counter to counter service may be used if available and will incur additional fees. 24 hour notice is required.
4. **CONDITION/INSEMINATION:** The Mare Owner represents that the Mare is in sound breeding condition and free from disease and infection. The Mare Owner certifies that the Mare will be inseminated by a licensed veterinarian. If multiple shipments are requested, BVS requires a negative uterine culture and cytology, +/- biopsy, prior to sending further shipments. A copy of the Mare's registration certificate (front and back) should be submitted with this Contract. If the Mare Owner is a lessee of the Mare, then the Mare Owner should also submit a lease agreement.
5. **LIVE FOAL GUARANTEE:** The Mare Owner is guaranteed one "live foal", meaning a foal which stands and nurses. If the Mare proves barren, aborts her foal, or the foal is stillborn, upon payment of an additional booking fee of \$350, a return season will be provided for the subsequent year only, provided proper notification is given. Proper notification shall be a written certification by a licensed veterinarian within 7 days that the Mare has slipped or produced a nonviable foal. Booster rhinopneumonitis vaccinations must be administered in the manner and frequency indicated by the manufacturer of the drug as the Mare progresses through her pregnancy. Failure to give such vaccinations voids the live foal guarantee. The live foal guarantee is provided only for the 2010 Breeding Season and shall be void if the Mare is sold prior to foaling, upon the failure of the Mare Owner to comply with the instructions provided in this Contract, or upon the failure of the Mare Owner to bring the Mare to BVS for care and insemination during the subsequent breeding season upon BVS's request.
6. **MULTIPLE FOALS:** The payments provided in #2 are for one foal for this breeding season from this Mare. Should more than one embryo or foal result from a breeding, the Mare Owner shall pay an additional

Breeding Fee for each additional embryo or resulting foal. No breeding certificate for any foal shall issue without such additional payment and further agreement.

7. **SUBSTITUTION:** If the Stallion dies, is sold, or becomes unfit for breeding prior to settling the Mare or the Mare dies before being settled, then this Agreement shall terminate and the Breeding Fee (Not including the Booking Fee), shall be refunded to the Mare Owner. Another mare may be substituted that is agreed to by both the Mare Owner and BVS.
8. **BREEDER'S CERTIFICATE:** A breeder's certificate will be issued to the Mare Owner after all expenses have been paid in full and upon notification of birth of the foal.
9. **BINDING EFFECT:** This contract is not valid unless completed in full. When Mare Owner signs and returns this Contract and booking fee to BVS, BVS will notify the Mare Owner upon approval. Upon notification, it will become a binding contract on both parties, subject to the above terms and conditions.

Signature of Mare Owner or Lessee and Date

Printed Name of Mare Owner or Lessee

MARE OWNER INFORMATION

Billing Address:

Name: _____

Street Address: _____

City/State/Zip Code: _____

Telephone Numbers: (Please note the best number to reach you at)

Home: _____ Cell: _____ Work: _____

Fax: _____

Shipping Address:

Name/Facility: _____

Address: _____

No P.O. Boxes, must be a street address or rural route for FedEx Delivery

City/State/Zip: _____

Contact Name: _____

Name of veterinarian or other person to receive shipment

Telephone Numbers: (Please note the best number to reach you at)

Home: _____ Cell: _____ Work: _____

Fax: _____

Closest Airport with Commercial Service: _____

Is FedEx Overnight Service and Saturday Delivery available in your area? _____

