



358 High Point Lane, Chestertown, Maryland. 21620
Phone 443-480-3485 (Larissa)

STALLION SERVICE CONTRACT

I, _____, hereby confirm my reservation to the
_____stallion for the _____season to breed the
mare named _____.
Stud fee for breeding above named mare to this stallion is \$ _____
This includes a non- refundable booking fee of \$400.00, due upon execution of this
contract.

If the mare named above needs to be re-bred the following season for any reason, a
new, non-refundable booking fee of \$400 is required and must be paid prior to any
semen shipment.

A uterine culture is recommended if you have: an older mare that was bred before,
a mare that had a difficult birth/retained placenta, aborted last pregnancy or if you
have any other reasons to be suspicious of her uterine health. We expect you to
follow your veterinarian's recommendation.

I understand that my mare must be examined by a licensed veterinarian between
40 and 50 days after the last day bred and High Point Hanoverians notified of her
pregnancy status at that time or all live foal guarantees are null and void. A
breeding certificate will be issued after the conclusion of this breeding season.

In the event of death or the inability to produce viable semen from the stallion
contracted for this service High Point Hanoverians reserves the right to substitute
with frozen semen from the same stallion or fresh semen from another
High Point Hanoverians owned stallion.

This contract guarantees return privileges for the same mare during the course of
High Point Hanoverian's breeding season. Our breeding season is from April 1st-
July 31st.

The mare owner is guaranteed return breeding privileges for one breeding season following the initial breeding season if the mare does not take on the first season.

This contract:

Is non-transferable without written permission of the stallion owner (Larissa Billings). Is non-refundable under any circumstances. No semen will be shipped until all fees are paid and a credit card is on file.

If the mare fails to produce a live foal that stands and nurses, the mare owner shall be entitled to a return breeding under the terms mentioned above. This guarantee shall only apply if the stallion owner is notified within one week of the foal's death. A statement of details by a licensed veterinarian must follow within 10 days or the guarantee becomes null and void. This clause is also binding in case of abortion. If a mare reabsorbs her pregnancy, High Point needs written verification of this fact from a veterinarian.

I understand that the mare owner shall assume all responsibility for the condition of the mare and bear all risk of loss or damage to the mare whether by death, disease, injury, infection or otherwise, and by any cause whatsoever, and therefore agrees to hold the stallion owner, keeper or agent harmless for any and all damages associated therewith. Any disputes of a legal matter must be settled in Queen Anne's County, Maryland.

Fees, collection and shipping procedures:

A \$500.00 collection fee includes semen collection, disposable shipping container, and FedEx overnight shipping.

A valid credit card must be kept on file and will be charged at the time of shipment.

Semen is shipped in a high-quality disposable container and does not need to be returned.

Collection days: Monday, Wednesday, and Friday.

Requests for semen must be made by 5PM (EST) the day prior to the desired shipping date via telephone to 443-480-3485. Failure to meet this deadline may result in inability to ship semen. Please inform your vet of this time/ deadline so he/she can schedule examinations accordingly.

I, the undersigned, do hereby certify that I am the mare owner named herein, or a duly authorized agent thereof, and as such have the authority to enter this contract, as a witness by my signature, I also certify that I have read and understand the contract fees and schedules. This contract is binding by both parties when signed.

Signature mare owner/agent

Signature stallion owner/agent

Mare owner/agent

HIGH POINT HANOVERIANS
Stallion Owner/ Agent

Street Address

358 HIGH POINT LANE
Street Address

City, State, Zip.

CHESTERTOWN, MD. 21620
City, State, Zip

Phone Cell

443-480-3485
Larissa Cell:

E-Mail Address

barilar@aol.com_____

Mare _____

Reg # _____

CREDIT CARD #: _____ EXP: ___ / ___

3 OR 4 DIGIT SECURITY CODE: _____

*Please provide a copy of your mares registration papers so we can process your breeding certificate.

*Which registry do you expect the foal to be registered with? _____

*Name and address where semen is to be shipped if different from above. _____

Customer Contact Information and Credit Card Authorization

Name: _____

Farm/Company Name: _____

Street Address:

City/Town:

State (Province)/Zip Code:

Email :

Tel: Cell:

Credit Card Authorization:

I, the undersigned cardholder, authorize High Point Hanoverians LLC, to charge my credit card for charges in connection with breeding services or any other amounts due to High Point Hanoverians LLC, that I request be charged to my credit card. This credit card will also be used to pay any outstanding charges as billed if payment is not received within 30 days of invoice. All bills will be paid prior to horse(s) departure. There is a 3% processing fee for all credit card charges. This authorization shall last until the completion, expiration or cancellation of any contract into which I have entered with High Point Hanoverians.

Card Holder Signature: _____ **Date:** _____

Type of Card (circle): Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ 3 or 4 digit security code: _____

Name of Card Holder as it appears on card: _____

Billing Address (if different from above): _____