



358 High Point Lane, Chestertown Maryland 21620  
Cell 443-480-3485 Phone 410-758-2298

## 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 \$ \_\_\_\_\_,  
Includes a booking fee of \$400.00 which is non refundable.

If the mare needs to be re-bred the following season for any reason, a new, non refundable booking fee of \$400. Must be paid and received before shipment each season semen is requested.

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 veterinarians 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 will substitute this fresh semen agreement for either frozen semen from the same or fresh semen from another High Point Hanoverians owned stallion of the mare owners choice.

This contract guarantees return privileges for the same mare during the course of High Points breeding season. The mare owner is guaranteed return breeding privileges for two breeding seasons following the initial breeding season. A second mare may be substituted with permission of stallion owner. This contract is not transferable without written permission of stallion owner. Should the mare not produce a live foal that stands and sucks, the mare owner shall be entitled to

above-mentioned return privileges.

This guarantee shall only apply if the stallion owner is notified within one week of the foals 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:

Collection fee \$150.

FedEx at cost.

Disposable semen shipping boxes \$35.

We ask that you provide us with a valid credit card so that we may charge your account for the collection, box and shipping charges the same day the semen is shipped.

Semen will be shipped in a high quality disposable shipping box. They do not need to be returned and cost less to ship. You will be charged \$35, the cost of the shipping box. Equitainers are available upon request and MUST be returned via second day mail.

Mare owner understands that requests for semen must be made by 8 P.M. via telephone the day preceding the requested semen shipment. Shipments requested the same day as shipping will be accommodated if possible but sometimes the semen has already been shipped for the day. Please inform your vet of this time deadline so he/she can schedule examinations accordingly.

**You must contact High Point Hanoverians for semen!**

**Phone: 443-480-3485 or 410-708-3098**

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 into this contract, as witness by my signature, I also certify that I have read and understand this contract and fee schedules.

This contract is binding upon 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 or 410-758-2298  
Cell: Office

\_\_\_\_\_  
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, to charge my credit card for charges in connection with breeding services or any other amounts due to High Point Hanoverians, 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. 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:** \_\_\_\_\_

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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):  
\_\_\_\_\_  
\_\_\_\_\_