

FOR OFFICE USE ONLY:

Check/CC: _____ Contract #: _____

Date Received: _____

Breeding Fee Paid: _____ Farm Fee Paid: _____

NEW CONTRACT:

RETURN:

2023 ICSI BREEDING SERVICE CONTRACT

1. I, _____ (Owner), hereby reserves one breeding to **EL SHADY ZORRERO** AQHA Reg #3775591 (5 Panel N/N) for the Mare _____, Reg. # _____ for the Breeding Fee of **\$3,000**, (at contract signing) (Made payable to ProFuture Equine) during Jan 1st to Aug 1st of 2023. A separate contract is required for each embryo produced via ICSI procedure. ProFuture Equine is to be notified of the number of embryos produced as soon as the ICSI procedure is completed. At that time, a contract for each embryo produced will be needed. Additional Embryos Fees are as follows: Breeding Fee of **\$3,000** each, (contract and all remaining fees are due when recipient mare has a 60-day positive pregnancy check). Farm Fees are non-refundable.
2. Please state what ICSI Facility will be used: _____
3. 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.
4. Mare shall be bred through the use of an intra-cytoplasmic 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 unless fresh semen is available AND requested.
6. This contract provides for one (1) Breeder's Certificate. If multiple embryos are retrieved from one breeding, it will be the responsibility of the Mare Owner to notify ProFuture Equine of number transferred. Stallion Breeding Reports are prepared immediately after the end of breeding season.
7. If Mare Owner desires to do a frozen embryo, it will solely be their responsibility to pay all nomination fees. It is also the Mare Owner's responsibility to notify ProFuture Equine when the frozen embryo is utilized. If not reported by November 15th, mare owner will be responsible for all late fees.
8. TO OBTAIN A "BREEDER'S CERTIFICATE" YOU MUST NOTIFY PROFUTURE EQUINE OF THE BIRTH OF THE FOAL. CERTIFICATE WILL NOT BE ISSUED IF THE ACCOUNT HAS NOT BEEN PAID IN FULL. The Stallion owner or Stallion agent is responsible for signing the Breeder's Certificates.
9. If it should become necessary for ProFuture Equine 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 PF in enforcing this contract.
10. This contract is non-transferable nor assignable without prior written consent from ProFuture Equine.
11. 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: _____

ProFuture Equine/Agent: _____

ADDRESS: _____

PF SIGNATURE: _____

CITY/STATE/ZIP: _____

ACCEPTANCE DATE: _____

PHONE#: _____

E-MAIL: _____

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: _____

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 ProFuture Equine to use this credit card for all associated fees?

Yes, Full Amount When Contract is Received

Yes, but only \$ _____

No, I will send a check

Do you authorize ProFuture Equine to use this credit card for future shipping charges (if necessary)?
Yes **No**