

# Stallion Service Contract

## On-Site Breeding

This contract entered into by and between SUNSET SANDS QUARTER HORSES/Sarah A. Steuck/Les Warzynski, hereinafter called Stallion Owner, and \_\_\_\_\_, hereinafter called Mare Owner.

Mare Owner hereby agrees to breed the mare, \_\_\_\_\_, Registration number \_\_\_\_\_, to the AQHA stallion, Heza Cool Fella, Registration number 5063675 in 201\_\_ and pay a total service fee of \$\_\_\_\_\_, of which \$\_\_\_\_\_ is tendered herewith as a non-refundable booking deposit. Mare owner agrees to the following:

<p><b><u>Live Foal Guarantee</u></b>  Mare is to be delivered in a healthy and sound breeding condition. If the mare proves not to be in foal in the year bred, or does not have a live foal, Stallion Owner has the option to rebreed the mare in the following breeding season, request a substitute mare to be bred in the following breeding season, or refund the service fee paid. A live foal is defined as one that stands and nurses after foaling.</p> <p>In order for mare owner to require stallion owner to exercise one of the options stated above, mare owner must notify stallion owner within 48 hours of the death of the foal. Such notice must be accompanied by a statement from a licensed veterinarian that the mare did not have a live foal as defined herein from this breeding. Mare owner agrees that the stallion owner's sole liability in the event the mare proves not to be in foal in the year bred or does not have a live foal, shall be the exercise of one of the options stated above.</p> <p>In the event that the stallion should die or become unfit for service prior to first breeding, this contract shall become null and void, and stallion owner shall return funds paid to mare owner.</p>	
<p><b><u>Requirements of Mares for On-Site Breeding</u></b>  Mare owner agrees to provide a copy of the mare's registration papers.</p> <p>Mare owner agrees to provide a copy of the current year's negative Coggins test.</p> <p>Mare Care  Days 1-14 \$10.00/day; \$12.00/day with foal</p>	<p><b><u>On-Site Veterinary Care</u></b>  Stallion owner shall reserve the right to seek veterinary care or treatment, at mare owners expense, of any mare which displays any problems associated with breeding. Stallion owner shall notify mare owner of any veterinary care prior to any exams or treatment.</p> <p>Stallion owner agrees to provide for the mares and foals substantially the same care and treatment, including veterinarian service at mare owner's cost, as it provides for its own horses, but in no event shall stallion owner be responsible for any loss, theft, injury or death of a mare or foal.</p>
<p><b><u>Pre-Breeding Veterinary Care</u></b>  If breeding is to take place prior to March 15<sup>th</sup>, ultrasound is required to confirm at least one ovulation and the presence of progressive follicular activity.</p>	<p><b><u>Post-Breeding Veterinary Care</u></b>  Mare owner agrees to have a follow-up ultrasound performed to confirm pregnancy no later than 60 days after the last breeding date or there will be no live foal guarantee. Written verification of vet exam is to be returned to Stallion Owner immediately following exam.</p>
<p><b><u>Payment</u></b>  <b>On-Site Breeding:</b> All sums owed by mare owner under this contract are due and payable prior to the return of mare to owner. (Acceptable payment methods: cash, check, or money order.)</p>	

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
Stallion Owner

\_\_\_\_\_  
Mare Owner

SUNSET SANDS QUARTER HORSES  
Sarah Steuck/Les Warzynski  
N6613 State Road 22  
Montello, WI 53949  
920-293-8017 920-295-2237  
sunsetsandsqh@yahoo.com

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
e-mail

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## Post-Breeding Pregnancy Confirmation

I certify that I have examined the mare, \_\_\_\_\_, owned by \_\_\_\_\_ and have confirmed, via ultrasound, a viable pregnancy which coincides with the breeding dates listed below:

Breeding Dates: \_\_\_\_\_

Special Notes:

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Veterinarian Performing Exam:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Clinic/Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

**Mail within 60 days of last breeding date to:  
Sunset Sands · N6613 State Road 22 · Montello, WI 53949**