



MAILING: P.O. Box 361 Whitesboro TX, 76273

PHYSICAL: 15257 US Highway 377 Whitesboro, TX 76273

Office: 903-564-3200 Fax 903-564-3943

Email: Breeding@Foals-R-Us.com

DONOR MARE: _____
 REGISTRATION #: _____
 YEAR FOALED: _____
 BREED: _____

STALLION: _____
 BREEDING _____
 LOCATION: _____

Foals-R-Us Reproduction Center and OWNER/LESSEE: hereinafter referred to as the Owner/Lessee; (If Lessee, please provide a copy of the Lease Agreement.) **AGREE TO THE FOLLOWING** for the breeding season of 2024:

1. **\$500.00 Non-Refundable Booking Fee.** Clients with contracts on file will have priority over clients without a contract if a recipient mare shortage should occur. This is no guarantee that we will always have recips available. Booking fee will cover up to 3 embryo transfer attempts per contract. An additional \$150 will be charged at time of transfer if the Embryo was previously Frozen. Booking fee is transferable to 2024 if no transfers are attempted in 2023.
2. **A Pregnancy Fee of \$4,500.00 will be billed at Heartbeat Detection.** If there is No Heartbeat, no charges will apply and no fees will be assessed. All recipient mare fees are included in the Pregnancy Fee up to Heartbeat Detection.
3. There will be a grace period of 7 days after Heartbeat Detection for you to arrange pick up of the recipient mare. After the grace period, Owner/Lessee will be charged board at the rate of \$15.00 per day and for any progesterone supplementation administered to the recipient mare.
4. The open recipient mare must be returned to Foals-R-Us by November 1st of her foaling year in good health and condition. If recipient mare is not returned by Nov. 1st of her foaling year Owner/Lessee must remit to Foals-R-Us \$3,000.00 for purchase of the recipient. Recipients transported to Mexico may not be returned and shall be purchased for the previously stated amount.
5. **Gestation to term within normal limits guarantee :** Lessee assumes care of the recipient. If the recipient does not carry the foal to term and has been returned to Foals R Us open and in good health and flesh, Lessee will receive a \$2,000.00 credit applied to the pregnancy fee the following breeding season. Mares foaling before 310 days are considered to have aborted, not carried foal to term. If the Recipient dies in the care of the Lessee, no credit will be given and a \$3,000 fee will be due to Foals-R-Us
6. **Owner shall not use or allow the use of the Recip for any reproductive purposes other than that specifically performed by Foals-R-Us. If the Recip is used without the express written permission from Foals-R-Us, the owner shall pay a fee of \$5,000.**
7. Lessee agrees that Foals-R-Us shall not be liable for any injury , disease, or death of Donor Mare, Donor Mare's foal, Recipient Mare, nor any in-utero foal. Any insurance desired on the Donor Mare, Donor Mare's foal, pregnant recipient, and/ or in-utero foal is the sole responsibility of the Lessee.
8. Owner/Lessee will pay all outstanding charges in full before recovering or picking up the pregnant recipient and/or Donor Mare. Foals-R-Us accepts VISA, MasterCard, Discover, and American Express.
9. Owner/Lessee is responsible for parentage on embryo transfer foals. Foals-R-Us will exercise its best judgment in maintaining records and identification on each Donor Mare and recipient.
10. I understand the \$4,500.00 pregnancy fee is due and payable on day of Heartbeat Detection and that I am responsible for board, supplemental progesterone, and any and all other fees associated with the recipient mare and her care beginning the day after the above mentioned 7 days grace period.

Printed Name: _____

Text Update Phone Number: _____

Fax: _____

Email: _____

Address: _____

Owner Signature _____

Date _____

Approved by: _____

Date: _____

I hereby authorize Foals-R-Us to charge the following credit card for charges not prepaid:

A 3.5 % Convenience Fee will be charged on all Credit Card transactions.

Circle One: VISA MasterCard AmEx
 Name as appears on card: _____
 Card Number: _____
 Expiration Date: _____ 3 or 4 digit CCV# _____ Billing Zip Code: _____
 Authorized Signature: _____