



**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 2021:

1. **\$300.00 Non-Refundable Booking Fee.** Contracts on file will have priority if a recipient mare shortage should occur. Booking fee will cover up to 3 embryo transfer attempt per contract. An additional \$100 will be charged at time of transfer if the Embryo was previously Frozen
2. **A Pregnancy Fee of \$3,200.00 will be billed at Heartbeat Detection.** If there is No Heartbeat, no charges will apply and no fees will be assessed.
3. All recipient mare fees are included in the Pregnancy Fee up to Heartbeat Detection.
4. 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 \$12.00 per day and for any progesterone supplementation administered to the recipient mare.
5. 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 \$1500.00 for purchase of the recipient. Recipients transported to Mexico may not be returned and shall be purchased for the previously stated amount.
6. **Live Foal Guarantee:** I Agree to pay an additional \$200.00 for Live Foal Guarantee \_\_\_\_\_ (initials here). Lessee assumes care of the recipient. A \$2,800 credit will be given to lessee for following breeding season if recipient does not carry foal to term. This also covers mortality of the recipient. If recipient dies during the lease period and this additional \$200 insurance payment has been made, to avoid being liable to Lessor for the replacement of the Mare, Lessee must provide to Lessor a signed statement from a veterinarian certifying the cause of death or injury of the mare and a photograph showing the left side (with brand visible) of the dead or injured mare. **Plain English - If mare does not carry foal to term, lessee will be given a credit of \$2,800 when the mare is returned to us. If mare dies in care of lessee, there is NO credit given because our mare will not be returned. This is the case whether or not a foal results.**
7. 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. All other charges are payable within 30 days of billing date. After 30 days from billing date, interest of 1.5% per month will be assessed on the outstanding balance. Owner/Lessee grants and acknowledges all lien rights afforded to Foals-R-Us by Texas State Law
8. 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.
9. I understand the \$3,200.00 pregnancy fee ( + Live Foal Guarantee Fee if applies ) 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: \_\_\_\_\_

Telephone: \_\_\_\_\_

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: \_\_\_\_\_