

Execute A Score

** Breeding Inquiry Form **

DATE _____ 20 _____ BY: _____

INQUIRY # _____ SW13055- Q / P / A / CB - _____

NAME _____

PHONE # _____

EMAIL _____

FUTURITY BREEDING yes / no Futurity _____

MARE # 1 _____

World / European / National / Congress Champion? yes / no

Show Record _____

Stud Fee: \$2000 - Discounts [Type: 1 / 2 / 3 / 4] \$ _____ = \$ _____

Maiden? yes / no * In foal? yes / no * Due Date _____

MARE # 2 _____

World / European / National / Congress Champion? yes / no

Show Record _____

Stud Fee: \$2000 - Discounts [Type: 1 / 2 / 3 / 4] \$ _____ = \$ _____

Maiden? yes / no * In foal? yes / no * Due Date _____

BREEDING FEES:

2013 Stud Fee	\$2000	<u>X</u>	<u>2000</u>
> Type 1 - WC, etc M/P	-\$500	_____	_____
> Type 2 - Sup/ROM M/P	-\$250	_____	_____
> Type 3 - Ch M/P	-\$100	_____	_____
> Type 4 - Multi-mare	-\$150 (>1mare)	_____	_____



Breeding Farm:
Select Breeders - Southwest
2982 Rock Hill Road
Aubrey, Texas 76227
Office; 940-365-2467

EAS Equine Alliance, LLC
9500 Ray White Blvd., Ste 200
Fort Worth, Texas 76248
1-800-407-7752
Email: executeAscore@gmail.com
Fax: 858-756-2522

Execute A Score Stallion Service Contract

This Contract made and entered into this ____ day of _____, 20 ____, by and between EAS Equine Alliance, LLC referred to as "Stallion Owner" and _____ (owner of mare) herein referred to as ("Mare Owner or Lessee"). All rights and responsibilities between the parties for the 20____ season are set forth in this contract.

Mare Owner agrees to breed the mare named _____

Registration # _____ Breed _____ ("the Mare") to the Stallion, Execute A Score,

Breed AQHA / APHA, Registration # 5274854 / 988,120 ("Stallion"), during the 20____ breeding season, (commencing February 1 and ending June 1). This breeding includes a Live Foal Guarantee.

1. Mare Owner shall pay a non-refundable booking fee of \$ _____ (USD) payable upon execution of this contract.

A. FOR ON-SITE BREEDING: The balance of \$ _____ for Stallion fee shall be payable upon receipt of an invoice on or before the mare is picked up from the breeding facility. All other expenses including board shall be payable monthly, AND, paid in full when the mare is picked up from the breeding facility. The Breeding Farm requires 48 hours advanced notice when the mare owner intends to remove the mare from the Breeding Farm.

B. FOR COOLED SHIPPED SEMEN: The balance of \$ _____ for Stallion fee as well as the shipping fee shall be due and payable prior to order of semen. All requests for transported cool shipped semen shall be filled as received, subject to availability of semen, and at the sole discretion of the Breeding Farm. It is hereby understood that mares located on the Breeding Farm will be serviced first.

C. FOR FROZEN SHIPPED SEMEN [US, Canada and Mexico only]: The balance of \$ _____ for Stallion fee for three (3) breeding doses, as well as the frozen semen processing fee, and shipping fee shall be due and payable prior to order of semen. All requests for transported frozen shipped semen shall be filled as received, subject to availability of semen, and at the sole discretion of the Stallion Owner. Additional, frozen doses are available for a fee of \$ _____ per dose [limit 3].

2. Mare owner warrants that the mare is healthy, in sound breeding condition, is halter broken and registered with the breed association shown above. Breeding Farm retains the right to require an negative uterine culture or equine cytology with sensitivity test for barren mares or any mare requiring more than (30 semen shipments in a breeding season. A current legible copy of the mare's registration papers (both sides) must be attached to, and will become part of, this Agreement.

Cooled Semen Order Form

Stallion

Execute A Score

Requested Ship Date:

Mare's Name _____

Breed: _____ Registration #:

Owner Name: _____

- Fed Ex (\$293.00) Next Day Delivery
- Fed Ex (\$308.00) Next Day Delivery - Saturday
- Fed Ex - Canada (Call Breeding Farm)
- Counter to Counter (\$419.00) Preferred Major Airport: _____
- Farm Pickup (\$xxx.xx)

Ship to: _____

Farm Name:

Contact Person: _____

Physical Address:

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

**Requests must be made prior to 9:00 am CST the day of the collection
Please do not place orders on answering machine or voicemail.**

Mare Information

You and your mare are important to us. Please take a few minutes to fill out the form below to help us provide better service to you and your mare.

Mare Name: _____

Age: _____

Pregnancy Status: In Foal _____ * Maiden _____ * Open / Barren _____

Foal at Side: _____

Date of birth: _____

If in foal, last breeding date _____ to _____

If Open/Barren please provide information (foaled late, did not breed, came up open, etc.) _____

Has the mare had breeding / foaling problems in the past? [circle one] yes / no

If yes, please explain: _____

Rabies: _____ Coggins: _____

Dewormed: _____ Product used: _____

HYPP Status: _____ Symptomatic: [circle one] yes / no

If yes, are you providing acetazolamide?

How many tablets?

How many times / day?

Please provide any other information helpful to care for your mare:

Please give the Breeding Farm 5-7 days notice prior to delivering mare, and 48 hours notice prior to picking mare up.

Breeding Farm office hours are Monday - Friday, 8:00 am to 5:00 pm; Saturdays 8am - noon. Please make all arrangements through the Breeding Farm Office.

Insurance Information (on-site breeding only)

Please provide the name, address and telephone number of your Mortality Insurance Company's Emergency Contact Information. If the mare is not insured please indicate here: This mare is NOT insured.

Insurance Company

Agent

Emergency Contact Number

Policy #

Policy period

Contact and Billing Information (not the shipping location)

Billing Name:

Farm Name:

Billing Address:

City, State/ Province, Zip

Day Phone

Evening Phone

Cell Phone

Email Address

Mare Owner or Authorized Agent

Date;

Stallion Owner or Authorized Agent

Date

Credit Card Authorization

Mare Owner Name

Name as it appears on card

Exact Credit Card Billing Address

Visa, Master Card, Discover

Card Number - - -

Expiration Date: / 3 Digit Security Code

I authorize the following amounts to be charged to my credit card account listed above:

Booking Fee	\$
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Balance of Breeding Fee	\$
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Rebreed / Chute Fee \$

Shipped Semen Fee \$

Frozen Semen Processing Fee \$

Frozen Shipped Semen Fee \$

Additional Frozen Doses \$

3% Convenience Fee \$

\$

Total to be charged to credit card

Authorized Signature

Date _____