

Goldmount Royal Design Shipped Semen Contract

THIS AGREEMENT made this _____ day of _____, 200____, By and between _____
Hereafter known as "Client" and Vicki Niles, Breeding Manager of the Goldmount Royal Design Partnership, Dr. Bill and Tammy Lias and Doug and Vicki Niles.

STALLION: Goldmount Royal Design Registry **ASHA#107327**

It is hereby understood and agreed that the mare OWNER wishes the mare named _____ to be bred to the above named stallion and has engaged one service to said stallion for the 200__ breeding season. The mare's owner and the client presenting said mare, if different than the owner, agrees to the following:

FEES:

1. A \$150.00 **booking fee** (U.S. non-refundable dollars) shall be paid when the client returns this signed, completed agreement.
2. The total **stud fee** in the amount of \$ 750.00 (includes booking fee) must be paid in full before semen will be shipped. Multiple mare discount of: _____ per mare, or a total fee _____ per each mare.
3. A **collection fee** of \$200.00 is due and payable to the Interstate Vet Clinic before semen will be collected. The collection fee **includes** over night Fed Ex charges. Counter-to-counter air service is currently not available.
4. **Equitainers** are available for use with \$250.00 deposit (check made out to the Interstate Vet Clinic). The check will be refunded when equitainer is returned. Credit Card information can be supplied to avoid the deposit check. The credit card will only be charged if the equitainer is damaged or not returned.

VISA / MASTERCARD _____ Exp. Date _____

Exact name on card

Client's signature for authorization

5. Complete and sign this **SERVICE CONTRACT** and return with the **BOOKING FEE**.
6. Enclose a copy of the mare's REGISTRATION, and a copy of any lease agreement if applicable.
7. **Collection fees** for each shipment **MUST** be paid prior to collection of semen. Arrangements may be made with the Interstate Vet Clinic for credit card payment, or a check made out to the clinic enclosed with your booking fee for the initial shipment. The clinic will NOT collect until these arrangements have been made.
8. You or your veterinarian must contact the Interstate Vet Clinic a minimum of 24 hours before semen is needed. The clinic must be notified **PRIOR TO 9:30 A.M. CST ON THE DAY YOU WISH TO HAVE SEMEN SHIPPED**. We normally can collect 7 days a week if necessary. Two doses are normally sent, but that is at the discretion of Dr. Lias, Interstate Vet Clinic.
9. We ship via FedEx, priority over night, early morning service, Monday through Friday. Counter-to-counter is not available at this time via air service.
10. This breeding may be transferred to another mare and may be used in the next breeding season if mutually agreed upon in writing.
11. **PAYMENT AGREEMENT:** Client agrees to pay all fees specified in this stallion service contract. Payment in excess of 10 days later will be subject to a late fee of \$25.00 per month. Clients whose payments are in excess of 30 days past due shall be in breach of contract. Upon said Breach of Contract by client, Arabians By Design and the Interstate Vet Clinic shall cease all further services and retain all funds received to date as liquidated damages. Said damages include, but are not limited to, costs of collection, bookkeeping, and lost interest. Registration papers of resulting foal will NOT be signed and released until all monies due are paid in full.
12. **LIVE FOAL GUARANTEE:** A live foal is defined as a foal that stands and nurses without assistance. In the event that this mare, or an approved substitute mare should not produce a live foal the following year, a return breeding the following season will be honored. Death of the mare or foal must be certified in writing by a qualified veterinarian within one (1) week of death to obtain a re-breed.
13. Let it be further understood that the spirit of this agreement is to get the mare in foal to this stallion. The parties to this agreement promise their wholehearted cooperation until breeding is completed.
14. Special Terms, if any:

MARE INFORMATION: Reg. Name _____

Registry: _____ Reg. # _____

Mare's Color: _____ Mares DOB ____/____/____

Recorded Owner at Time of Breeding: _____

Client presenting mare if different than owner: _____
(if different, please provide proof of lease or purchase information)

**ALL OF THE TERMS OF THIS CONTRACT ARE AGREED TO BY THE
UNDERSIGNED:**

Stallion Owners:

The Goldmount Royal Design Partnership, Dr. Bill & Tammy Lias and Doug & Vicki Niles, Arabians By Design

Vicki Niles, Breeding Mgr. _____ Dated ____/____/____
2201 Beech Avenue, Inwood, IA 51240
Home phone: 712-753-2089

Interstate Vet Clinic

Dr. Bill Lias, DVM
26626 481st Avenue
Brandon, SD 57005
605-336-7071, fax 605-336-7091

Mare Owner(s) Clients:

(print) _____

(sign) _____ Dated ____/____/____

Owner Address _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Cell/Work phone: (____) _____