



Honahlee, PC

MARE CONTRACT

Name of Owner: _____

Address: _____

Email: _____

Telephone H: _____ C: _____ B: _____ Fax: _____

Contact Person: _____

Telephone: _____

Mare's registered name: _____ Barn name: _____

Breed: _____ Registration # _____

Tattoo: _____ Brand: _____ Location: _____

Age: _____ Color: _____

Markings: _____

Coggins: _____

Is this horse insured? _____

Vaccination date

Mare

Foal

- | | | |
|-------------|-------|-------|
| ◆ Tetanus | _____ | _____ |
| ◆ Rhino | _____ | _____ |
| ◆ Influenza | _____ | _____ |
| ◆ Rabies | _____ | _____ |
| ◆ EEE/WEE | _____ | _____ |
| ◆ WNV | _____ | _____ |
| ◆ EVA | _____ | _____ |

LAST DEWORMING _____

FEED

What do you feed your mare and how often? (Oats, LMF, grass/timothy and alfalfa hay are available. You are welcome to bring your own feed.)

If you feed a supplement or daily dewormer, you must provide it.

EXERCISE

Do you want your mare (check one) Stalled__Stall w/daily turnout__pasture board__?

All mares need daily exercise in the form of turnout, riding or lunging. Please describe what you prefer for your horse and whether or not you will provide it or prefer that we do. There are miles of trails on which your horse can be hacked, the use of an indoor arena at a neighboring farm, and an outdoor round-pen for lunging. Also, there are 5 acre fields (4'6" - 5'6" wood fencing) with good grass for turnout if your horse is used to being on grass. On warm nights, the mare is welcome to be out all night with your approval. Please provide your horse's bridle if she is to be ridden.

A hard hat must be worn while riding. NO EXCEPTION

Please complete if foal by side or mare is in foal

Foaling Date: _____ Gestational Days: _____

Problems associated with foaling (ie retained placenta, excessive bleeding, malposition of foal, assistance required, etc.): _____

Abnormalities of foal: _____

Were the foal and mare examined by a veterinarian within 24 hours of birth? _____

Abnormalities found: _____

IgG level of foal: _____

Tetanus antitoxin: _____

Mare Reproductive History (Please provide past records)

Previous foals (list dates): _____

Any problems associated with foaling? _____

Has mare been bred without conception (list dates): _____

Abortion (please include cause if known): _____

Early embryonic death (before day 50): _____

Has your mare been on Regumate or progesterone injections? _____

At what stage(s) pregnancy or cycle? _____

Has your mare had adverse reactions to any medication? _____

Does the mare show heat? _____ With foal at side? _____

Approx. length of estrous cycles _____ days.

Is the mare cycling every 21 days? _____

Has an endometrial culture been performed? _____ Results: _____

Endometrial biopsy? _____

Please list any behavioral abnormalities: _____

Is the mare/foal on any medication? _____ Please list: _____

Stallion information:

Name: _____

Contact person (owner/manager): _____

Address: _____

Telephone/Fax/ Mobile: _____

Type of insemination (please check all that apply):

Natural service: _____ Artificial insemination: _____

Fresh cooled semen: _____ Frozen semen: _____

Please describe your arrangement with the stallion manager regarding breeding or shipment of semen (ie when is semen available? who calls for it? By what time must an order be placed? If frozen, how many straws are shipped and what size are they? What courier service is used? How long after placing an order will semen be received? Etc.) **Remember to fill out all paperwork and make payments for the semen in advance!** Check and double check that all paperwork is in order.

Please provide any additional information that may be useful:

-Owner agrees to pay all charges for services under the terms of this agreement on or before the first day of the month following the month of billing, while horse is under the care of Honahlee. Payment is to be made to Honahlee at the address specified in the invoice. The amount of the fees to be paid for the charges are for general services furnished by or in behalf of Honahlee and are to be charged per the fee schedule being used by Honahlee at the time the services are performed. Charges for services not scheduled are to be charged at the usual and customary rates. Any payments not made within (30) days after due shall bear interest from the due date at a rate of twelve percent (12%) per annum. Accounts must be paid in full at time of departure from breeding facility.

-Owner agrees to indemnify and hold harmless Honahlee, its officers, directors, employees, agents and representatives against any and all claims, including third party claims, for injury, sickness and/or death of any mares inseminated by Honahlee.

-Honahlee makes no warranty of any kind whatsoever, express or implied, including but not limited to the fertilizing capacity of any semen processed, stored, or ordered under this agreement, and hereby disclaims all warranties, including WARRANTIES OF MERCHANTABILITY or fitness for a particular purpose.

-Any person signing this agreement as the agent of the Owner warrants and represents that he or she has full, express authority to do so and legally bind the Owner.

Honahlee, P.C.

Date: _____

By _____

Date: _____

(OWNER) _____

By _____