



Honahlee, PC

STALLION CONTRACT

Name of Owner: _____

Address: _____

Email: _____

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

Contact Person: _____

Telephone: _____

Stallion's registered name: _____ Barn name: _____

Breed: _____ Registration # _____

Tattoo: _____ Brand: _____ Location: _____

Age: _____ Color _____

Markings: _____

Coggins: _____ EVA: _____

Is this horse insured? _____

VACCINATION

DATE

◆ Tetanus _____

◆ Rhino _____

◆ Influenza _____

◆ Rabies _____

◆ EEE/WEE _____

◆ WNV _____

◆ EVA _____

Please provide copy of titer

LAST DEWORMING _____

FEED

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

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

EXERCISE

All stallions 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 you horse can be hacked, the use of an indoor arena at a neighboring farm, and an outdoor roundpen 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 stallion is welcome to be out all night with your approval. Please provide your horse's bridle if he is to be ridden.

A hard hat must be worn while riding. NO EXCEPTIONS

SEMEN COLLECTION

Please describe the head gear/mouth gear that your stallion is used to wearing for semen collection (stud chain over nose, over gum, iron halter, stallion bit, etc.)

Please describe anything unique to your stallion that we should know about before collection.

What kind of AV is most often used to collect him? Again, please describe anything unique to your stallion that you feel we should know.

Please include semen culture results from your veterinarian or we will perform them.

-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) _____