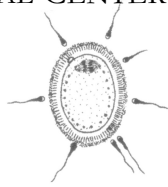


EQUINE MEDICAL CENTER OF OCALA, P.L.

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Lewis C. Smith, BVetMed

Stallion Services Manager: Christine M. Miller
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www.emcostallionservices.com

Stallion Service Contract—Frozen Semen

1. This contract is made by and between the Stallion Owner and _____ (Purchaser) for the purchase of frozen equine semen from the following stallion.

Stallion Name: _____

Number of Doses Purchased: _____ at \$ _____ per dose

2. Mare Information: Registered Name of Mare _____

Sire _____	Breed _____
SIRE _____	Registry _____
Dam _____	Reg. No _____
Sire _____	Color _____
DAM _____	Age _____
Dam _____	Height _____

Breeding History (last 3 years, cover date, results [live, dead, barren, aborted]) _____

3. The Equine Medical Center of Ocala, as the Agent for the Stallion Owner, agrees to provide the Purchaser with the requested number of doses of frozen semen from the stallion specified above in exchange for a fee of US\$ _____ per insemination dose, payable to the Equine Medical Center of Ocala.

4. Purchaser agrees to pay the following fees:

- a. All Stud Fees must be paid in full before any semen will be shipped. Payment must be made to the Stud's Agent, the Equine Medical Center of Ocala.
- b. A refundable deposit of \$900 (check or credit card hold) is required to cover the shipping container.
- c. All shipping fees from the Equine Medical Center of Ocala (EMCO) to your veterinarian, including required insurance of at least \$900 to cover the container and optional insurance through Fed Ex for the semen while it is in transit to your veterinarian. Under no circumstances will EMCO or the Stallion Owner be responsible for semen damaged or lost while it is in your veterinarian's possession. In the event that semen is lost or damaged, you will have lost that dose of semen.

d. A Handling Fee of \$140.00 to the Equine Medical Center of Ocala, which covers container rental for 7 days; liquid nitrogen; and consultations between yourself, your veterinarian, and EMCO.

ALL FEES AND COSTS MUST BE PAID BEFORE ANY SEMEN WILL BE SHIPPED

5. Owner Information:

Name: _____

Address: _____

Telephone: Day _____ Eve _____ Cell _____

Email: _____ Fax _____

6. Veterinarian Information: All inseminations must be performed by a veterinarian who is licensed in the State in which the work is being performed.

Name of Veterinarian: _____

Address: _____

Telephone: _____ Fax: _____

7. Warranty. Neither the Stallion Owner, nor its agent, the Equine Medical Center of Ocala, are responsible for lost, delayed, or damaged semen and make no representations or warranties of any kind with respect to any semen furnished hereunder except that it is the Stallion's. The Purchaser understands and agrees that the Equine Medical Center of Ocala makes no guarantees as to the fertilizing capacity of any semen provided under the terms of this contract.

8. Purchaser agrees to hold harmless the Equine Medical Center of Ocala and the Stallion Owners for any injury or illness to mares in association with the insemination of frozen semen provided by the Equine Medical Center of Ocala.

9. Governing Law. This contract is governed in all respects by the law of England and the Purchaser hereby submits to the exclusive jurisdiction of the English courts.

IN WITNESS WHEREOF, the Parties hereto have executed this Contract and agree to all stipulations in Schedule A (attached) as of the date shown below.

PURCHASER

Print Name: _____

Signature: _____

Date: _____

STALLION OWNER/AGENT

Print Name: Christine Miller, Agent

Signature: _____

Date: _____

SCHEDULE A

The semen must be thawed and inseminated by a licensed Veterinarian familiar with the concept and practical use of frozen equine semen. Please be aware that any attempt to use frozen semen outside the controlled situation of a qualified facility can greatly reduce, or even prevent, the chances of conception. The Equine Medical Center of Ocala will provide detailed thawing and usage instructions with each dose of frozen semen. A “dose” of frozen semen will vary by stallion, but for practical purposes will be defined it as a **SINGLE** insemination unit that includes a minimum of 300 million progressively motile sperm that, when properly thawed, will have a post-thaw progressive motility of at least 30%. Specific values for each stallion are available upon request. All of the stallions represented by the Equine Medical Center of Ocala were quarantined and the semen was frozen according to the U.S. Import Guidelines, including all required medical testing.

Breeding certificates will be issued to EACH mare bred upon receipt of written notification detailing dates of insemination and pregnancy examinations, as well as complete, detailed information about the mare (e.g., pedigree, registration details, owner).

Frozen semen will only be shipped via FedEx Priority Overnight. Semen can be shipped out Monday through Thursday. Friday shipments will only be possible if you live in an area where FedEx offers Saturday delivery service. Please call Christine at 352-266-4669 to get your tracking number. Please **DO NOT** email shipment requests, as we cannot guarantee that we will receive the email.

To return the container, put an address label on the outside of the container and ship it back to the Equine Medical Center of Ocala via FedEx. Insure the container for \$900; this will protect you in the event the container is damaged en route. If you do not return the shipping container within 7 days, an additional fee of \$10 per day will be charged. If the container has not been returned within 14 days, the container deposit will be forfeited.

Pregnancy Diagnosis. We recommend that all mares be examined by a veterinarian between 14 and 16 days after ovulation to determine pregnancy and spot possible twinning. Mares should then be checked again at 28–30 days to confirm a heartbeat. A final check should be made again at or before 60 days after ovulation to confirm the pregnancy.

Shipping Details/Payment Information

Veterinarian Name: _____

Veterinarian Address: _____

Veterinarian Phone Number: _____

FedEx Delivery Address (if different from Vet Address): _____

FedEx Account Number: _____

If you do not have a FedEx Account, then you are required to provide a credit card to which the shipping charges will be billed.

Credit Card: _____ Visa (Billing Zip Code: _____) _____ Mastercard _____ 3-digit security code

Name on Credit Card: _____

Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Please note that all shipments will be insured with FedEx for \$900 to cover the replacement cost of the shipper.

How much additional insurance (after the required \$900) do you want to cover the value of the semen in the Fed Ex shipment? _____

When do you want the semen shipped (please allow at least 36–48 hours)? _____ If you state that you want the semen ASAP, we will ship it as soon as we have a vapor shipper available.

Semen Payment Details

Container Rental/Handling Fee: \$ 140

Cost of Semen Purchased: + \$ _____

\$ _____ (total due either by check or credit card, not counting shipping)

Deposit for Shipping Container: \$900 (either check or credit card authorization - refundable)

Your payment(s) can be by check, credit card, or any combination thereof. We do not accept American Express cards at this time. Please make all checks payable to the Equine Medical Center of Ocala. Please note that if you do not specify otherwise, the \$900 security deposit will be placed on the card provided here (separate authorization to “hold” that amount on the credit card).

Credit Card: _____ Visa (Billing Zip Code: _____) _____ Mastercard

Name on Credit Card: _____

Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____