

Stonecroft Farm

P.O. Box 326 • Simpsonville, Kentucky 40067
502-759-0055

Breeding Contract, Season of 2015

Owner of mare _____

Phone Number _____

Address _____

City/State _____ Zip _____

Name of Mare _____

Reg. No _____ Year Foaled _____

Sire _____ Dam _____

In foal to _____ Due to foal _____ Barren _____

To be bred to: **Stonecroft Trilogy Reg No. 149227**

** Please provide copy of Mare's Registration Papers **

This mare is booked specifically by name. The booking is valid to the mare named and may not be transferred without the consent of Stonecroft Farm.

Service fee is due and payable in the following manner:

\$3,500.00 (Three Thousand Five Hundred Dollars) Due at time of booking

\$ _____ KY State Tax of 6% (applies to semen shipped within KY)

\$ _____ Total due now

Stonecroft Trilogy will be available for the 2014 season with Fresh Cooled Semen.

Collection and shipment charges and procedures:

FRESH COOLED:

Stonecroft Trilogy will be available from February 22, 2015 to July 15, 2015 for collections of Fresh Cooled Semen. Collection days are Monday through Friday. Fresh cooled shipments will be shipped by FedEx Priority Overnight or air freight. A \$300 collection as well as actual shipping costs will apply to each shipment. A valid credit care is required to secure collection and shipping expenses. Mare owner is responsible for returning the Equitainer within 2 days of delivery to: Alliance Stud, 1630 Todds Point Road, Shelbyville, KY 40067 or a late fee or replacement of equitainer fee will be accessed.

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Name of Mare _____

None of the aforementioned fees are refundable.

All disputes shall be resolved under the application of Kentucky Law and the sole venue therefore shall be the Shelby County Circuit Court.

No warranty expressed or implied as to the quality of fresh cooled semen once it leaves Stonecroft Farm.

If the Mare Owner is using said shipment of semen for embryo transfer and more than one live foal is produced, the Mare Owner will pay the Stallion Owner an additional full stud fee for every live foal produced.

In the event the mare does not conceive or fails to deliver a live foal, the owner has the right to return breeding for the mare during the following breeding season. "Live Foal" means, one that stands and nurses without assistance for 24 hours. Death of the foal prior to qualification as a "Live Foal" must be certified in writing by a licensed veterinarian within one week of death and delivered to Stonecroft Farm within thirty (30) days of death in order to qualify for the return privilege the following season.

Mare Owner agrees not to attempt to register with the AMHA any and all offspring resulting from this contract until the Stallion Owner has been paid all stud fees in full, as well as all collection and shipping charges have been paid in full to Stonecroft Farm.

Should the mare described herein die before or after breeding or become unfit for breeding, owner may substitute another mare, only with the consent of Stonecroft Farm, within the calendar year of this agreement, or the year immediately thereafter. Certificate of unfitness from a licensed veterinarian must be received by Stonecroft Farm within 10 (ten) days of discovery of unfitness as a condition of the right to substitute.

Stonecroft Trilogy is nominated for the World Morgan Futurity. Stonecroft Trilogy may be nominated to any other futurities at the mare owner's expense.

Owner of Mare

Date

Stonecroft Farm

Date

Stonecroft Farm
Post Office Box 326
Simpsonville, KY 40067
502-759-0055
www.stonecroftfarm.com
David Waggoner, Manager, 205-612-5843 (mobile)

Mare Information Sheet

Mare's
Name: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Credit card information for collection and shipping expense.
(Visa, Mastercard, American Express, Discover)

CC Number: _____ exp: _____ SEC code: _____

Overnight shipping and air freight is charged at cost, air freight has an additional courier fee.

Mare Boarding Location

Contact
Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Veterinarian: _____ Telephone: _____

Comments
