



Peak View Equine Reproductive Services

Mare Management Agreement 2016

1. Peak View Animal Hospital does not charge a chute fee. All expenses must be paid monthly and in full before any mare may leave the premises, **No Exceptions**. All breeding expenses are as follows:

| | |
|------------------------------------|-----------|
| In-house Ultrasound | \$40.00 |
| Infuse Uterus of Mare | \$45.00 |
| Lavage Uterus of Mare | \$90.00 |
| AI & Semen Evaluation | \$65.00 |
| AI & Frozen Semen Evaluation | \$105.00 |
| Embryo Flush & Search Equine | \$400.00 |
| Embryo Transfer into Equine Recip | \$400.00 |
| ET Recipient Mare | \$1450.00 |
| Embryo Transfer Pkg 25d | \$1500.00 |
| Mare Board (dry) | \$16.00 |
| Mare w/ foal Board | \$18.00 |
| Stallion Breeding Soundness Exam | \$225.00 |
| Stallion Collection | \$150.00 |
| Stallion Boarding | \$18.00 |
| Semen freezing per ejaculate | \$450.00 |
| Shipped Cooled Semen Breeding Dose | \$300.00 |
| Website Advertising | \$75.00 |

Peak View Animal Hospital offers no rebreeds or Live Foal Guarantees, any such agreements are between stallion owner and mare owner.

2. All unused frozen semen must be picked up before September 1st 2016, this breeding season or it is subject to a monthly storage fee of \$15.00.
3. Board includes general care, alfalfa hay, 2 lbs. oats, vitamin and mineral supplement and water daily. Board is \$16.00/day for dry mares, \$18.00/day for wet mares, and \$27.00/day for mares requiring a stall at night with lights and daily turnout. If mares require additional feed to maintain optimum body condition, it will be billed based on type and quantity.
4. The mare owner agrees that he/she has made him/herself familiar with the facilities at Peak View Animal Hospital and approves of the care provided. If any other services are requires or desires by mare owner, they shall be specified in writing when the mare is delivered.
5. All mares will be dewormed with oral Ivermectin and given intranasal Strangles vaccine and West Nile upon arrival to our premises NO EXCEPTIONS. If this has not been performed than these services will be provided to mare owner's expense.
6. The mare owner authorizes Peak View Animal Hospital to provide any veterinary services necessary or proper for the mare or her foal's well-being at the expense of the mare owner. All veterinary procedures will be billed monthly and payable on receipt. Peak View Animal Hospital agrees to attempt to contact the mare owner at the contact numbers provided should an emergency occur. Should communication with the owner not be established and in case of a severe colic we must know in advance your instructions as to the desired treatment

of your horse. A colic surgery candidate would be transported to a colic surgery facility, usually CSU, with minimum cost approximately \$5,000.00.

Please check option 1 or 2

__Option 1: I request that the veterinarians of Peak View Animal Hospital to do whatever necessary, regardless of the amount of cost involved, to attempt to save my horse, including arranging shipping my horse to an equine colic surgery facility for evaluation and/or surgery.

__Option 2: I request that as much care as possible be provided to my horse but the cost of treatment be limited to \$_____. If in the opinion of the veterinary staff of Peak View Animal Hospital such treatment will exceed the above limit and the horse's condition remains very serious, I authorize Peak View Animal Hospital to cease treatment and euthanize my horse.

7. The mare owner agrees that Peak View Animal Hospital and its employees will not be held responsible for accidents, injury, sickness or death to their mare and/or foal and that likewise the mare owner will not be responsible for any accident, injury, disease or death to the stallion or other horses.
8. Peak View Equine Reproductive Service/ Peak View Animal Hospital shall attempt with all reasonable diligence to settle the mare; if however, for any reason the mare does not settle, the mare owner will hold the above organization harmless. The breeding season is open from February 10th through July 1st unless otherwise mutually agreed upon.

Special Information or instructions (including any equine insurance information):

Name of the mare _____, **(photocopy of papers provided)**

Breed & Reg # _____

This mare is to be bred to _____.

If this stallion is not standing here, contact person and number are _____

_____. The **registered owner/lessee** of the mare is

_____ and the **billing address** is _____

_____ **City** _____ **State & Zip** _____

Telephone: _____ **Cell** _____ **3rd #** _____

Emergency Contact & Numbers: _____

Approved: Peak View Animal Hospital
1750 County Rd JJ
Fowler, CO 81039

Owner/Agent/Lessee of Mare: _____
Printed Name: _____

Signature _____ Date _____ Signature _____ Date _____

Please sign and date one copy for Peak View and keep a signed copy for your own records.

Peak View Reproductive Services on Site Agreement 2016 Breeding Season

Stallion Name: _____
Stallion Stud Fee: _____
Stallion Owner Name: _____
Stallion Owner Address: _____

Number: _____ Home
_____ Cell

Email Address: _____

Mare Owner Information:

Owner: _____

Owner Address: _____

Phone Number: _____ Home
_____ Cell

Email Address: _____

Agent: _____

Phone Number: _____ Home
_____ Cell

In case of an emergency please provide us with a secondary contact name and number of a person that can authorize veterinary medical or surgical treat.

Name: _____ **Phone:** _____ Home _____ Cell

This horse is/is not, considered a surgical candidate in the event, of colic or serious illness/accident. (__Is)(__Is not)

Mare Information: (A copy of registration papers must be received by PVAH before mare can be inseminated)

Registered Name: _____

Barn Name: _____

Breed: _____ **Age:** _____

Registration Number: _____ **Color:** _____

Insurance Agency: _____

Type of Insurance: _____

Contact Phone, etc: _____ Home
_____ Cell

Mare Services:

AI on site/Stallion: _____

AI with Shipped Cooled Semen

AI with Frozen Semen

Embryo Transfer

Received Semen Please Fill Out

Facility Standing At: _____

Address: _____

Contact Person: _____

Phone Number: _____ Home
_____ Cell

Email Address: _____

Collection Days: _____