

# Embryo Transfer Contract

Richland Ranch 16285 Briarwood Trace Auburn, IL 62615  
217-438-9910 office 217-825-6456 cell, email: richlandranch@gmail.com

\*\*\*Richland Ranch will attempt to recover, grade and ship and/or transfer embryos from donor mare for 2024 breeding season beginning February 1, 2024 to July 15, 2024.

Donor mare name: \_\_\_\_\_ Registration #: \_\_\_\_\_  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Stallion name: \_\_\_\_\_ Registration #: \_\_\_\_\_  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
Recipient facility name if not using Richland Ranch \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Office phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Donor Mare Owner/Lessee name:** \_\_\_\_\_ (if Lessee, please provide copy of the lease agreement) agrees to the following:

1. **\$1500.00 Booking Fee due with the signing of this contract or \*complete credit card information at bottom**(credit card will be charged as expenses are incurred) prior to embryo transfer services. This is non-transferable fee enrolling the above donor mare for the 2024 breeding season. Upon a 30 day pregnancy \$3000.00 will be charged.

2. Donor Mare will be housed at Richland Ranch for embryo transfer cycle care and transfer services with the following fees:

A. \$ **400**/ ET flush/cycle. \$300.00 implant per flush

B. Board will be charged by Richland Ranch: Dry donor mare \$ **20** /day Wet donor mare \$ **25** /day.

C. All normal and customary veterinary charges for breeding management.

D. Any and all other charges incurred in shipment of semen for breeding the Donor Mare.

E. All other non-breeding veterinary charges.

F. Delivery charges to recipient facility.

3. Pay all outstanding charges, in full, before removing the Donor Mare. Richland Ranch accepts VISA, MasterCard, Amex Discover, check and cash. 4% will be applied to all credit card payments All other charges are payable within 15 days of billing date. After 30 days from billing date, interest of 1.5% per month will assessed on the outstanding balance. Owner agrees to pay all reasonable attorney fees incurred by RR in attempting to collect any outstanding balance. The Owner/Lessee grants and acknowledges all lien rights afforded to RR by state law.

4. Warrants and guarantees that as Owner/Lessee, the undersigned has full authority to enter into this contract and is the party responsible for all terms and conditions hereof, including payment of all charges.

5. Owner/lessee is responsible for all breed registry rules and regulations. RR assumes no responsibility in this regard.

6. RR reserves the right to refuse service. This includes the right, at RR sole discretion, to discontinue embryo attempts or to refuse to transfer an unsuitable embryo.

7. Owner/lessee agrees to not hold RR liable for any disease, accident, death, etc. of Donor mare while at Richland Ranch. Any desired insurance on the Donor mare is sole responsibility of owner/lessee.

8. All incurred expenses with Richland Ranch in the care and breeding of Donor mare are also payable within 15 days of billing date. After 30 days of billing date, 1.5% interest per month will be assessed.

9. The owner/lessee agent of donor mare and/or foal on her side hereby agrees to indemnify and hold harmless Richland Ranch, Inc., Narmont Realty Company, their agents and employees from any liability or suits which may be brought against, Richland Ranch, Inc., Narmont Realty Company, their agents or employees, by reason of activities which the donor mare and/or foal may engage in or injuries or death which the donor mare and/or foal suffer and further, from any injuries suffered by or to persons who the owner/lessee of the donor mare and/or foal brings to or upon the premises of Richland Ranch, Inc., and/or Narmont Realty company.

Donor mare owner/lessee name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Office #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

\*MasterCard/VISA/Discover #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ Security #: \_\_\_\_\_

Donor mare owner/lessee signature Authorized RR representative Date:

Dated Dated