

Chris Arentsen Quarter Horses

PO Box 31, 11720 Clinton County Line Rd Trenton, IL 62293

Chris - 618-623-9450 Email - arentsenqh@yahoo.com

This contract certifies _____ herein referred to as the Mare Owner, has engaged one service to **SECRET GUNFIGHTER** for the _____ breeding season at Chris Arentsen Quarter Horses.

Mares Name _____ Breed _____
Registration # _____ Year Foaled _____

Chris Arentsen Quarter Horses, agent for the above named stallion, will herein be referred to as the Breeder. This service is subject to the following:

1. The following fees are applicable:

- a. Stallion fee of \$ **2000.00**
- b. The shipment fee is payable prior to any shipment of semen.
- c. Shipped Semen Fees are as follows:

Overnight UPS/Federal Express	\$250
Counter to Counter Air	\$350
Farm Pick Up	\$100
- d. A **ONE TIME PER YEAR PER MARE** collection fee of \$200
- e. Board at the farm is as follows:

Dry Mares	\$ 25/Day
Wet Mares	\$ 30/Day

****Payment for shipping MUST be received before shipment is sent. If shipping is not paid then we reserve the right to refuse shipment****

****Mare owner is responsible for returning the shipping container to CAQH at the mare owners expense****

**** CAQH shall not be responsible for any costs due to shipments lost, damaged or delayed in transit or the condition of the semen when delivered. We have no control once the shipment leaves our facility.**

2. A copy of the mares paper's are to accompany this contract.

3. If mare is boarded and bred at CAQH, all expenses shall be paid in full before the mare leaves the facility.

4. A live foal guarantee from this service, should the foal not stand and nurse. A written certification from a licensed veterinarian within seven days post foaling that the above mare produced a non viable foal . Original owner of the mare will be entitled to a rebreed the following year, with the mare owner responsible for new shipping fees and collection fees for the rebreed.
5. Breeders Certificate will be issued to the mare owner upon notice of a live foal and provided all fees are paid current and in full.
6. Should the above mare die or become unsound to breed, the mare owner shall be entitled to breed a substitute mare agreed upon by Stallion Management.
7. Should the above stallion die or become unable to breed, the stallion fee shall be refunded if already paid
8. **Waiver of Liability:** It is understood that the breeding farm, its owners, stallion owner, employees and guest shall not be liable for any injury, escape, disability or death of any horse on its premises. The above mentioned mare owner, whose horse is under the care of the breeder, will not be liable or responsible for any damage, injury or death to the breeding farm stallion, employees, or other animals under the care of the breeder.
9. This contract is not valid unless completed in full. This contract is non transferable and non assignable. When signed by both parties, the contract is binding and subject to above conditions . This contract is entered into the state of Illinois and will be enforced under the laws of Illinois.
10. **Semen collection days are Monday-Wednesday-Friday. The breeder must be notified for UPS/FED EX shipping no later than 10:00 am CST on the collection day to insure a spot on the list for that days collection. For same day air please notify us the evening before or no later then 8:30 am the day of collection.** Any notification after that time holds no guarantee of receiving a shipment. **HAVING A CREDIT CARD ON FILE WITH BREEDER** will receive priority on the shipping list. Mares shipped to the breeder will be given preference if availability is an issue.
11. **The breeding season is in force for the contract signed and shall begin February 1st and close June 1st of the year dated on this contract.**

I, the undersigned Mare owner, accept the terms and conditions of this contract:

Mare Owner Signature

Date

Mare Owner Name

Address

City, State, Zip Code

Phone

Email

Accepted by CAQH

Ship Semen to: (If different from above address) **Airport Code** _____

Name or Facility _____

Contact Person or Vet _____

Shipping Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Payment by Credit Card

Card Number

Exp Date

CVV Code

Cardholder Name

Billing Zip Code for Card