



## **WILL GILL & SONS**

974 S. Pine St, Madera CA 93637

Office (559) 674-8843 David Gill (559) 647-5619

Kaci Gill (661)304-5362

This STALLION BREEDING CONTRACT for the 2023 breeding season, is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and is by and between Will Gill & Sons, hereinafter designated Breeder, and \_\_\_\_\_, hereinafter designated Mare Owner. Mare owner agrees to breed the mare \_\_\_\_\_, Reg. No: \_\_\_\_\_ to the stallion, **Lights Out Ike**, Reg. No **5547343**, for the stallion fee of \$1,250.00 (not including collection costs) for a live foal, subject to the following conditions. Please return contract, copy of mare's registration papers, breeding fee and shipped semen information form to:

Will Gill & Sons

974 S. Pine St, Madera CA 93637

Email: [kaci@wgnsons.com](mailto:kaci@wgnsons.com) (Kaci Gill )

1. Mare owner is responsible for collection costs, ultrasounds/preg checks paid directly to Central Valley Equine, Dr. Kristen Wallert, 18815 Ave 17 ½, Madera CA 93637. Contact number (559)269-0940.
2. **Collection days are Monday, Wednesday, and Friday unless otherwise agreed upon with Breeder. Mare owner must notify Breeder/Vet by 5:00pm PST day before for collection.**

3. This contract hereby reserves for the Mare Owner one breeding to the stallion named above during the current year breeding season. The mare owner agrees to use the semen shipped hereunder solely to breed the designated Mare above.
4. Breeder agrees to provide suitable facilities for the care and feed of mare (if applicable when Mare is being bred at or on Breeders facility). Breeders will exercise judgement consistent with recognized standards in care and supervision of mare/ or foal.
5. The mare shall be in healthy and sound breeding condition, free from infections, contagious or transmissible disease. Mare must have current negative Coggins test before arriving on Breeder's facility.
6. If Mare Owner chooses not to leave mare with the Breeder or veterinarian after the mare has been bred, then it will be up to the Mare Owner to have the mare ultra-sounded by a licensed veterinarian 14-16 days after being bred. The results should be reported to the Breeder.
7. Any mare not ultra-sounded 14-16 days after being bred will make the "Live Foal Guarantee" null and void.
8. This contract contains a "Live Foal Guarantee". A live foal is described as a newborn foal, which stands and nurses without assistance. If foal is born dead, there are return privileges for the following breeding season only if Breeder is notified within 5 days and receives a veterinarian's statement confirming death. If the mare dies or becomes unfit to carry after being pronounced safe in foal, the Breeder may accept another mare upon approval.
9. A Breeders Certificate will be issued for the foal, conceived by this mating, when breeding fee and all other expenses have been paid in full; when mare has produced a live foal by this mating. Mare Owner MUST contact the Stallion Owner/Breeder when the mare foals.
10. Shipping: The Mare Owner is responsible for all semen shipping costs. The Fee for frozen semen shipping is \$350.00. Shipping fee for cooled semen is \$200.00.
11. This Contract represents the entire agreement between both parties. No other agreements or promises, verbal or implied, are included unless specifically stated in this contract. When Mare Owner and Breeder sign this contract, it will then be binding between both parties.

Breeder's Signature: \_\_\_\_\_

Mare Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mare Owner Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ AQHA # \_\_\_\_\_

Breeding fee: \$1,250.00

Paid by: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

Please make checks payable to:

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Madera, CA 93637



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### **Shipped Semen Information Form**

#### Mare Information

Mare Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Registration # : \_\_\_\_\_ Carry Own: \_\_\_ Embryo Trans: \_\_\_\_\_

Owner Name: \_\_\_\_\_ AQHA # : \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Semen Request Information

Cooled Semen: \_\_\_\_\_ Frozen Semen: \_\_\_\_\_

Stallion Name: \_\_\_\_\_ AQHA # : \_\_\_\_\_

#### Shipment Information

Clinic/Ranch Name: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Are Saturday Shipments available: Yes or No

If not, please provide alternate Saturday Shipping address below:

\_\_\_\_\_