LEEMAN FARM

FOR OFFICE USE ONLY:

Check/CC: _____ Contract #: _____

Date Received: _____

Breeding Fee Paid: _____ Farm Fee Paid: _____

NEW CONTRACT: ◯ **RETURN:** ◯

2026 FROZEN OR ICSI BREEDING SERVICE CONTRACT

- WILLY BE INVITED

1. I,_____(Owner), hereby reserves one breeding to **WILLY BE INVITED** AQHA Reg #3697049 for the Mare _____, Reg. # _____ for the Breeding Fee of **$2,500**, this includes the Booking Fee of **$500** (due at contract signing) (Made payable to Leeman Farm) during Jan 1st to Aug 1st of 2025. A separate contract is required for each embryo produced via ICSI procedure. Leeman Farm is to be notified of the number of embryos produced as soon as the ICSI procedure is completed. By August 15th of the given year a contract for each embryo implanted will need to be completed and sent to Leeman Farms. Additional Embryos Fees are as follows: Breeding Fee of **$1,250** each (contract and all fees are due when recipient mare has a 60-day positive pregnancy check). Balance of **$1,000** due upon heartbeat confirmation for this original contract.
2. Please state what ICSI Facility will be used:
3. Owner must attach a copy of the mare's registration papers to this agreement and provide all other information as requested. The Owner agrees to breed the mare specified.
4. Mare shall be bred through the use of an intracytoplasmic sperm injection ("ICSI") procedure into the cytoplasm of a mature oocyte, which physically causes fertilization. OR Mare shall be bred through a qualified veterinarian using Frozen Insemination techniques.
5. Booking Fee as specified above shall be paid at the time this Contract is executed.
6. This contract provides for one (1) Breeder's Certificate. If multiple embryos are retrieved from one breeding, it will be the responsibility of the Mare Owner to notify Leeman Farm of number transferred. Stallion Breeding Reports are prepared immediately after the end of breeding season.
7. If Mare Owner desires to do a frozen embryo, it will solely be their responsibility to pay all nomination fees. It is also the Mare Owner's responsibility to notify Leeman Farm when the frozen embryo is utilized. If not reported by November 15th, mare owner will be responsible for all late fees.
8. TO OBTAIN A "BREEDER'S CERTIFICATE" YOU MUST NOTIFY LEEMAN FARM OF THE BIRTH OF THE FOAL. CERTIFICATE WILL NOT BE ISSUED IF THE ACCOUNT HAS NOT BEEN PAID IN FULL. The Stallion owner is responsible for signing the Breeder's Certificates.
9. If it should become necessary for Leeman Farm to retain the services of an attorney to enforce its rights under the terms of this contract, including but not limited to the collection of any sums due, the Owner will pay Leeman Farm all expenses and costs, including reasonable and necessary attorney's fees incurred by Leeman Farm in enforcing this contract.
10. Any dispute related to this contract will be governed by the laws of the State of Ohio and venue of any dispute arising from this Contract shall be in Stark County, Ohio.
11. This contract is non-transferable nor assignable without prior written consent from Leeman Farm.
12. All International and US Clients must pay with US Funds via Credit Card (3% Surcharge for MC, VISA, DISCOVER or 4.5% for AmEX), Wire Transfer ($50 Surcharge) or check from a US Bank account.

CONTRACT OWNER: _____ Leeman Farm/AGENT: **Fritz Leeman**

ADDRESS: _____ Leeman Farm SIGNATURE: _____

CITY/STATE/ZIP: _____ ACCEPTANCE DATE: _____

PHONE#: _____ E-MAIL: _____

CONTRACT OWNER/AGENT SIGNATURE: _____ DATE: _____

****** ALL PAPERWORK MUST BE SUBMITTED 72 HOURS PRIOR TO ORDERING SEMEN ******

VETERINARIAN INFORMATION FOR SHIPPED SEMEN

Veterinarian Clinic: _____

Veterinarians' Name: _____

Veterinarian Email: _____

Shipping Address: _____

City, State, Zip: _____

Office Phone#: _____ Cell Phone#: _____

NEAREST MAJOR AIRPORT: _____

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION (A VALID CARD MUST BE ON FILE PRIOR TO ANY PROCEDURES DONE)
*****THERE IS A 3% PROCESSING FEE FOR CREDIT CARD PAYMENT AND AMEX ACCEPTED WITH A 4.5% PROCESSING FEE****

Email for Insemination Feedback: _____
(An email will be sent to this address 14 days after the shipment goes out for a pregnancy update.)

BILLING EMAIL: _____

Credit Card Type: _____ **Credit Card Number:** _____

Expiration Date (MO/YR): _____ **Security Code:** _____

Name on Credit Card: _____

Billing Address: _____

City, State, Zip: _____

Signature: _____ **Date:** _____

Do you authorize Leeman Farm to use this credit card for the Breeding Fee & Booking Fee?

◯ **Yes, Full Amount When Contract is Received**

◯ **Yes, but Booking Fee Only**

◯ **No, I will send a check**

Do you authorize Leeman Farm to use this credit card for future shipping charges (If necessary)?

☐ **Yes** ☐ **No**