



DONOR MARE: _____ STALLION: _____

OFFICE USE ONLY:

ET Attempt #1 _____ ET Attempt #2 _____ ET Attempt #3 _____

LEEMAN FARM and OWNER/LESSEE: hereinafter referred to as the Owner/Lessee; (If Lessee, please pro-vide a copy of the Lease Agreement.) AGREE TO THE FOLLOWING for the breeding season of 2026

1. \$500.00 Non-Refundable Booking Fee. Clients with contracts on file will have priority over clients without a contract if a recipient mare shortage should occur. This is no guarantee that we will always have recips available. Booking fee will cover up to 3 embryo transfer attempts per contract. Booking fee is transferable to 2027 if no transfers are attempted in 2026.
2. FOR RECIPS REMAINING AT FLF - A Pregnancy Fee of \$2,000.00 will be billed at Heartbeat Detection. If there is No Heartbeat, no charges will apply and no fees will be assessed. All recipient mare fees are included in the Pregnancy Fee up to Heartbeat Detection.
3. FOR RECIPS LEAVING FLF - A Pregnancy Fee of \$5,000.00 will be billed at Heartbeat Detection. If there is No Heartbeat, no charges will apply and no fees will be assessed. All recipient mare fees are included in the Pregnancy Fee up to Heartbeat Detection.
4. Client may choose to leave recipient mare on site at agreed board/lease rate of \$850/month until foaling and \$1050/month after foaling until resulting foal is weaned.
5. There will be a grace period of 7 days after Heartbeat Detection for you to arrange pick up of the recipient mare. After the grace period, Owner/Lessee will be charged board at the rate of \$40.00 per day which includes Progesterone supplement.
6. The open recipient mare must be returned to LEEMAN FARM by November 1st of her foaling year in good health and condition. If recipient mare is not returned by Nov.1st of her foaling year Owner/Lessee must remit to LEEMAN FARM \$2,000.00 for purchase of the recipient.
7. Gestation to term within normal limits guarantee : Lessee assumes care of the recipient. If the recip fails to carry the foal to term and has been returned to LEEMAN FARM open and in good health and flesh, Lessee will receive a \$2,000.00 credit applied to the pregnancy fee the following breeding season. Mares foaling before 310 days are considered to have aborted, not carried foal to term. If the Recipient dies in the care of the Lessee, no credit will be given and a \$2,000 fee will be due to LEEMAN FARM
8. Owner shall not use or allow the use of the Recip for any reproductive purposes other than that specifically performed by LEEMAN FARM. If the Recip is used without the express written permission from LEEMAN FARM, the owner shall pay a fee of \$2,000
9. Lessee agrees that LEEMAN FARM shall not be liable for any injury , disease, or death of Donor Mare, Donor Mare's fin oal,Recipient Mare, nor any in-utero foal. Any insurance desired on the Donor Mare, Donor Mare's foal, pregnant recipient, and/or utero foal is the sole responsibility of the Lessee.
10. Owner/Lessee will pay all outstanding charges in full before recovering or picking up the pregnant recipient and/or Donor Mare. LEEMAN FARM accepts VISA, MasterCard, Discover, and American Express or Check/Cash.
11. Owner/Lessee is responsible for parentage on embryo transfer foals. LEEMAN FARM will exercise its best judgment in maintaining records and identification on each Donor Mare and recipient.
12. I understand the applicable pregnancy fee is due and payable on day of Heartbeat Detection and that I am responsible for board, supplemental progesterone, and any and all other fees associated with the recipient mare and her care beginning the day after the above mentioned 7 days grace period.

Printed Name: _____ Text Update Phone Number: _____

Fax: _____ Email: _____

Address: _____

Owner Signature _____ Date _____

I hereby authorize LEEMAN FARM to charge the following credit card for charges not prepaid:

A 3.5 % Convenience Fee will be charged on all Credit Card transactions.

Circle One: VISA MasterCard AmEx

Name as appears on card: _____

Card Number: _____

Expiraton Date: _____ 3 or 4 digit CCV# _____ Billing Zip Code: _____

Authorized Signature: _____

