

BREEDING CONTRACT INFORMATION SHEET

Mare Breeding Option: Mare to be bred via shipped cooled semen Mare to be bred onsite at Gene Parker Farms

FEES FOR THIS CONTRACT

\$	Stallion Service Fee
\$ 500.00	Current Year Booking Fee (non-refundable)
\$()	Less Discounts / Donated Fee
\$	Total Breeding Fee
<input type="checkbox"/>	Please charge my credit card
<input type="checkbox"/>	Check enclosed

MARE INFORMATION

Mare Name:							
Assoc. ID# of Mare:	<input type="checkbox"/> AQHA	<input type="checkbox"/> APHA	<input type="checkbox"/> ApHC	2 nd Assoc. ID#:	<input type="checkbox"/> AQHA	<input type="checkbox"/> APHA	<input type="checkbox"/> ApHC
Mare Owner or Lessee:							
Assoc. ID# of Owner:	<input type="checkbox"/> AQHA	<input type="checkbox"/> APHA	<input type="checkbox"/> ApHC	2 nd Assoc. ID#:	<input type="checkbox"/> AQHA	<input type="checkbox"/> APHA	<input type="checkbox"/> ApHC
Embryo Transfer:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Quantity desired:	<input type="text"/>	Will mare also carry foal?:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Mare Status:	Mare is:	<input type="checkbox"/> Maiden	<input type="checkbox"/> Open	<input type="checkbox"/> Expecting/has a foal			

MARE OWNER / LESSEE INFORMATION

Billing Name:					
Billing Address:					
City, State, Zip:					
Daytime Phone:			Evening Phone:		
Fax Number:			Cell Phone:		
E-mail Address:			Assoc. ID#:		

CREDIT CARD INFORMATION & AUTHORIZATION

Exact Name on Card:					
Card Billing Address:					
City, State, Zip:					
Visa or MasterCard No.:					
Expiration Date:			3-digit number on back of card:		

AGENT CONTACT INFORMATION (if applicable)

Agent Name:					
Agent Address:					
City, State, Zip:					
Agent Phone:			Agent Cell Phone:		
Agent Fax Number:			Agent E-mail:		
Agent Fax:			Assoc. ID#:		

DELIVERY INFORMATION FOR SHIPPED SEMEN

Delivery Information (weekdays):	Delivery Information (Saturday):
Facility:	Facility:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Is the above a residential address? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the above a residential address? <input type="checkbox"/> No <input type="checkbox"/> Yes
Contact Name:	Alternate Contact:
Contact Phone:	Alternate Phone:
Contact Cell:	Alternate Cell:
Contact Fax:	Alternate Fax:
Preferred Airport:	Secondary Airport:

NOTE: Please be sure to send a copy of Mare's current registration papers with this form.

GENE PARKER FARMS
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