

LAST RESORT STALLION STATION, LLC
2024 BREEDING SEASON

Office Use Only: ARRIVAL DATE: _____ DEPARTURE DATE: _____

Client Name: _____

Owner Name(s) if different from Client: _____

Address: _____

Phone Number: _____ email: _____

Emergency Contact: _____ Phone Number: _____

Mare's Registered Name: _____ Age: _____

Mare's Breed: _____ Color: _____

How many foals has above mare carried: _____

How many embryos as the above mare had flushed: _____

Has mare required Regumate or Progesterone in the past? YES or NO;

Has mare been cultured? YES or NO Date of Last Culture: _____

Results: _____

Does your mare have a foal on its side? YES or NO

If yes, Foals Name: _____

Mare staying here to Foal out YES or NO Estimated Due Date _____

Please list the stallion(s) in the order that you would like your mare bred in: or N?A _____

Stallion 1: _____ Circle: AI to Carry or Embryo Transfer

Contact Info: _____

Stallion 2: _____ Circle: AI to Carry or Embryo Transfer

Contact Info: _____

Stallion 3: _____ Circle: AI to Carry or Embryo Transfer

Contact Info: _____

If you are doing EMBRYO TRANSFER, and will be leasing a recipient mare, please make sure you have filled out your embryo transfer contract. If you will be using a different recipient mare provider and we will be shipping the embryo please list that in option 3 below. Please note the services provided hereunder by Last Resort Stallion Station, LLC (LRSS) are completed once the embryo is flushed; LRSS assumes no responsibility for the shipping or transfer of the embryo. *Check the option that applies*

1. I am providing my own recipient mare: _____

2. I plan to use a LRSS recipient mare: _____

3. I plan to ship the embryo elsewhere: _____

Company Name: _____

Contact Information: _____

Shipping Address: _____

Airport: _____

AI to Carry: _____ We require a \$250 deposit (per mare)

Donor Mare for Embryo Work: _____ We require a \$500 deposit (per mare)

All remaining balances MUST be paid prior to the time of picking up your mare, there are NO exceptions. If you are not the person picking up, please make arrangements with our staff prior to arrival at 740-629-4394 or 740-357-2196. Credit Card information must be provided and kept on file, see page 4.

Mare Owner Initials: _____

___ Check If Applicable **TRANSPORTATION:** I hereby authorize Last Resort Stallion Station to arrange for transportation of my mare to and from a veterinary care hospital. In doing so, I agree to indemnify, defend and hold Last Resort Stallion Station, LLC and/or the receiving veterinary care hospital harmless from any claims, damages, death, injury, expenses, costs or lawsuits arising from or related to the transportation of my mare, including without limitation, loading, unloading and hauling my mare, whether individually or with other animals.

VETERINARY EMERGENCIES: In the event your mare becomes ill, or is injured, we will make every effort to contact you for further instruction. However, in the event of an emergency, or if we cannot reach you in a timely manner or your designated agent, you may authorize us to provide veterinary care by checking below. You may limit the amount of veterinary fees that will be incurred by including a dollar amount. In all other cases, animals will be kept as comfortable as possible until the owner can provide instruction on how to proceed.

___ I authorize Last Resort Stallion Station, LLC to provide emergency veterinary care for my mare up to the amount of \$_____.

___ I DO NOT authorize Last Resort Stallion Station, LLC to provide or arrange veterinary care for my mare without specific instructions from me.

Client/Agent Signature: _____ Date: _____

See page 3 for mares staying overnight/on-site at Last Resort Stallion Station, LLC for breeding

Vaccination Recommendation: With the large amount of horses that are living on-site at Last Resort Stallion Station, LLC, we recommend that your mare be vaccinated at least 30 days prior to arrival. We recommend consulting with your primary veterinarian for vaccination protocols that will fit your horse's needs. However routine vaccinations often include Eastern, Western, West Nile, Rhino, Flu, and Tetanus.

The donor mare owner hereby releases and shall indemnify and hold Last Resort Stallion Station, LLC and it's related affiliates harmless from any claim, demand, or loss arising from any disease, injury, or death to mare and/or foal, and/or pregnant recipient mare and/or foal in utero. Initial Here: _____

FEED OPTIONS:

HAY: (Circle one or both is a mix) Alfalfa or Orchard Grass mix

GRAIN: We offer our own specialty mix , please circle the option you would prefer.

No grain Our special mix owner provided grain

If your mare requires specific grain or supplements that are not listed above we ask our clients to bring the items needed at the time of drop off. *(There will be a \$2 a day supplementation fee throughout their stay with us if using owner provided grain and/or supplements.)*

If using owner provided grain/supplements, please list the supplement and feeding instruction below:

EXERCISE:

Would you like your mare to be put on our exerciser during their stay with us? YES or NO

(For \$50 a week we offer hot walker use to our client's mares Monday-Friday to help keep them in shape)

Please list your mare's current fitness level and what your expectations of her fitness level should look like so we can place her on the exerciser at the appropriate level: For example, *Broodmare just needing light exercise*

Does your mare have any known soundness/health issues: _____

FOOT CARE: *If your mare will be at Last Resort Stallion Station, LLC long term and is on a strict shoeing/trimming schedule, we encourage you to make arrangements with your farrier to ensure they stay on schedule and are well maintained. We have a great area for farriers to work out of, and are happy to accommodate/assist however we can. If you need recommendations, we can give you a few or we have a farrier on-site, just ask.*

Mare came with: (example: winter blanket, soft ride, etc.)

Mare Owner Initials: _____

Authorization to post pictures of equine(s) on LRSS & Affiliates Facebook and Web Pages. ☐ Yes ☐ N

PAYMENT INFORMATION:

Credit Card Number: _____

Exp. Date: _____ CVV: _____ Zip Code: _____

Card Holder's Name: _____

Card Holders Signature: _____

Client acknowledges that handling, boarding and breeding large animals necessarily involves a certain amount of risk to the animal. By signing below, Client accepts all risks associated with the services to be provided by Last Resort Stallion Station, LLC (LRSS), including without limitation, responsibility for any injuries, damages, or death which may result from boarding, breeding, and/or transporting your mare. Client further waives, and agrees not to bring any claims against Last Resort Stallion Station, and or its owners, agents, members, employees, contractors, and/or insurers for any such injury, damage or death that may arise as a result of the services provided by Last Resort Stallion Station, LLC and it's related associates.

WARNING!

Under Ohio Law, an equine activity sponsor or an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks or equine activities, pursuant to Section 2305.321 of the Ohio Revised Code.

Client/Agent Signature: _____ Date: _____