



FRESH/CHILLED SEMEN BREEDING AGREEMENT 2021/22

Between Australian Livestock Artificial Breeders P/L and _____ (mare owner) of _____ (address). It is agreed that the nominated broodmare, _____ will be accepted at the Australian Livestock Artificial Breeders (ALAB) to be bred to the following nominated Stallion: _____ using fresh/chilled semen and that the mare owner agrees to pay promptly all fees & charges related to this event.

The mare owner agrees to make a separate agreement with the stallion owner to pay for all necessary service fees and to arrange for the delivery of semen to ALAB.

The mare owner agrees to pay the procedural fee as outlined for the each breeding cycle. This fee includes all scanning, insemination, semen assessment and pregnancy scans. It does not include laboratory charges, drug costs or non- routine procedures such as caslicks, suturing, uterine swabbing or lavage.

The mare owner will be responsible for all fees and charges incurred for mare care.

ALAB will repeat breed the mare as required (in consultation with mare owner) to achieve a pregnancy. The Centre does not make any guarantees as to the amount of semen to be made available for any particular stallion. ALAB does not offer any warranty as to the quality or fertility of semen supplied.

ALAB cannot make any live foal guarantees. Pregnancy certificates are supplied on confirmation of a normal ultrasonic scanning at 42 or more days.

The mare owner agrees to pay all charges prior to or on discharge of the mare from the Centre.

PROCEDURE FEE

NATURAL SERVICE	\$440 per cycle
CHILLED SEMEN	\$550 per cycle
FROZEN SEMEN	\$660 (2 dose insemination) – scanned every 12 hours
	\$770 (1 dose insemination) – scanned every 4 to 6 hours

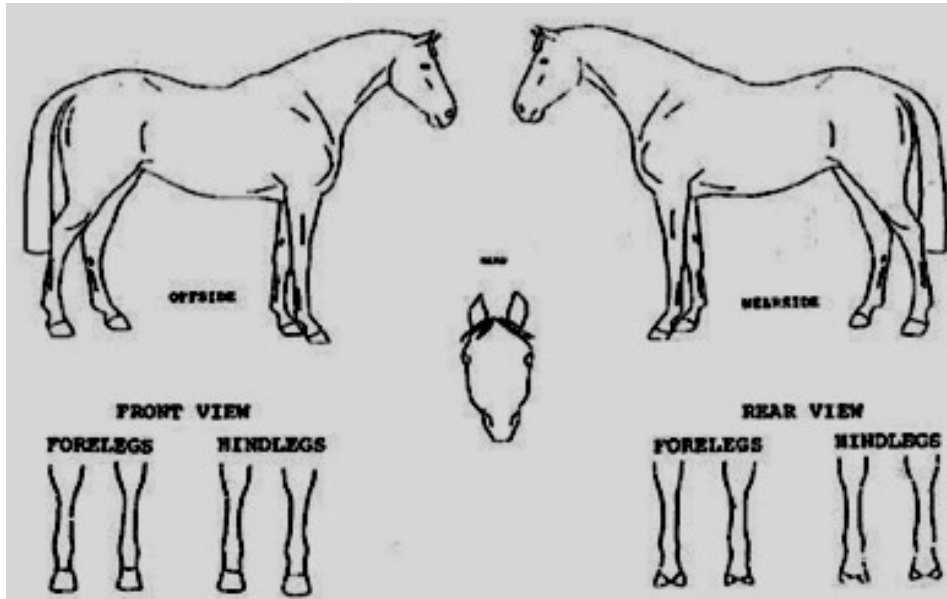
**2021 AGISTMENT RATES WILL BE CHARGED OUT BY ADVIKA PARK
CONTACT CAROLINE PRICE FOR AGISTMENT FEES**

THE UNDERSIGNED HAS READ AND UNDERSTOOD THE ABOVE CONTRACT :

Signed for Mare Owner: _____ **Date:** _____

WITNESSED BY:

Australian Livestock Artificial Breeders: _____ **Date:** _____



Mare name: _____

Owner: _____

Address: _____

Telephone: (M) _____

CONTRACT TYPE

Live Chilled Frozen Embryo Transfer

Date of Arrival: _____

Brands: _____

Age/D.O.B: _____

Colour: _____

Has your Mare been scanned before: Yes No

Mare Status: Maiden Dry Wet

IMMUNIZATION HISTORY (To be Completed)

Tetanus Date: _____

Strangles Date: _____

EHV Date: _____

Hendra Date of Last Vaccination: _____

Drench Date and Drench Used: _____

FOALING HISTORY

Difficult Foaling: Yes No

Caslicked: Yes No

Retained Membrane: Yes No

Positive Swabs: Yes No

FOAL: Date of birth: Sex: Male Female

Colour/Markings:

STALLION DETAILS

Stallion Name: _____

Stallion Owner/Agent: _____

Phone Number: _____

Location of stallion/semen: _____

Phone Number: _____

Comments/ other information/history: