

# Southern Equine Services, PC

N. Scott Owen, DVM

Kristin Varga, DVM

## 2024 Mare Care/Breeding Contract

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mare Name: \_\_\_\_\_ Breed Registry and Reg #: \_\_\_\_\_

Maiden mare?  Yes  No ***If no please fill out the Mare Breeding History Form***

Has mare been under lights?  Yes  No

A **non-refundable deposit of \$500 if breeding with fresh/cooled semen or \$750 if breeding with frozen semen** is due per mare upon arrival at SES. This deposit will be applied to all fees associated with the mare's care, board, and breeding attempts at SES. Any deposit amount remaining after breeding mare will be applied as a credit to Mare Owner's account at SES.

- Artificial Insemination - \$50/insemination for Cooled Semen; \$85/insemination for Frozen Semen
- Ultrasound - \$45
- Oxytocin - \$25 for up to 16 doses dispensed to client; \$30/day for SES to administer up to 5 doses
- Culture & Sensitivity - \$68 in house; \$110 send out; \$110 fungal
- Caslicks - \$80
- Historelin - \$50/dose
- Uterine Antibiotics - \$45-70/flush depending on sensitivity
- Uterine Biopsy - \$175
- Uterine Cytology - \$25
- Uterine Lavage - \$60/flush (Typically 3-5 treatments for normal uterine infection)
- Lutalyse/Estrumate - \$18/dose
- Uterine Lavage w/ Antibiotics - \$105-130/treatment depending on sensitivity (3-5 treatments/heat cycle)

### **Stallion Breeding Information**

Stallion Name: \_\_\_\_\_ Breed Registry and Reg. #: \_\_\_\_\_

Contact to Order Semen: \_\_\_\_\_ Phone #: \_\_\_\_\_

Collection Days: \_\_\_\_\_ Notice: \_\_\_\_\_

As the Mare Owner, I agree to pay all fees for semen, including, but not limited to collection and shipment in full prior to breeding my mare. Fees associated with returning an equitainer, semen shipping box, and/or frozen semen shipper to the Stallion Owner are my sole responsibility and will be added to my bill at Southern Equine Services (SES).

SES may breed and treat my mare however deemed appropriate. SES will provide breeding services to the best of industry standards to attempt to impregnate mare to above listed stallion. I understand that my mare may or may not settle to the stallion listed above and further acknowledge that my mare may or may not be able to carry a foal to term regardless of assisted reproductive technology employed by SES. I understand that SES will diligently try to settle my mare, but if they are not able to, SES shall be held harmless.

Furthermore, I agree that I am responsible for payment of all services rendered, which includes all rectal palpations/reproductive ultrasounds, artificial inseminations, and all other treatments/medications utilized to breed my mare, as well as board and care expenses. I understand that all charges and expenses must be paid prior to my mare's release from SES regardless of the final outcome of breeding attempts.

I am aware of the inherent risks involved with reproductive procedures and understand the risks I am taking having my mare rectally palpated. Rectal tears from rectal palpations are rare but can occur and be life threatening.

\_\_\_\_\_  
**Signature of Mare Owner**

\_\_\_\_\_  
**Date**

# Southern Equine Services, PC

N. Scott Owen, DVM

Kristin Varga, DVM

## Mare Breeding History

Owner Name: \_\_\_\_\_

Mare Name: \_\_\_\_\_ Mare Age: \_\_\_\_\_

1) When was the mare last bred?: \_\_\_\_\_

2) Did the mare get in foal from the last breeding?:  Yes  No

*If yes:* Did the mare carry the foal to term after the last breeding?:  Yes  No

3) Has the mare ever had any difficulties getting in foal?:  Yes  No

*If yes:* Please detail to the best of your knowledge all treatments that have been attempted while trying to get the mare in foal. Please indicate if the mare eventually checked in foal with these attempts.

---

---

---

4) Is the mare currently in foal?:  Yes  No

5) Has the mare ever carried a foal to term?:  Yes  No

6) Does the mare have a foal at her side?:  Yes  No

*If yes:* Date of birth of foal: \_\_\_\_\_

7) Did the mare have any difficulties foaling this year?:  Yes  No

*If yes:* Please describe to the best of your knowledge what happened and how the mare has been treated including amounts of medications received.

---

---

---

8) Does the mare have any previous history of foaling problems?:  Yes  No

*If yes:* Please describe to the best of your knowledge what happened and how the mare was treated including amounts of medications received.

---

---

---