



## BAY CITY VETERINARY CLINIC & EQUINE HOSPITAL

### Mare Management Agreement

Bay City Veterinary Clinic & Equine Hospital (BCVC) may breed and treat my mare(s) however deemed appropriate. I am aware that I will be 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. I understand that all charges and expenses must be paid prior to mare(s) release from BCVC.

All mares must have a current negative Coggins, current vaccines (VEWT, Rhino/Flu, Strangles, Rabies), current deworming, reproductive exam and normal uterine culture.

I understand that BCVC will diligently try to settle my mare, or produce a viable embryo to transfer, but if they are not able to BCVC shall be held harmless.

It is my understanding that care will be taken for both the mare and/or foal presented to BCVC, to prevent accident, sickness, injury, or death, and that the mare owner will not hold BCVC, its owners, employees, the stallion owner, or any of the employees responsible if any such occurrences should arise. It is understood that BCVC, its owners, employees, veterinarians, and guests shall not be held liable for any injury, escape, disability, or death of any horse on its premises whether from fire, flood, theft, act of God, or any other reason.

As a mare owner, I am aware of the inherent risks involved with reproductive procedures and understand the risks involved in having mare(s) rectally palpated. Rectal tears from rectal palpations are rare but can occur and be life threatening.

BCVC will have a necessary lien for all fees, charges, and expenses that are incurred while the mare and/or foal are under the care of BCVC. Mare owners shall be responsible and hereby agree to pay for all legal fees and/or attorney/court costs incurred by BCVC to enforce this agreement or any portion thereof. It is expressly agreed that this contract is performed in Matagorda County, Texas, and venues for any actions hereunder will be in Matagorda County, Texas.

Mare Owner (Print Name): \_\_\_\_\_

Mare Owner (Signature): \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

BCVC Approved by: \_\_\_\_\_ Date \_\_\_\_\_

**MARE REPRODUCTIVE SERVICES**

## 2023 PACKAGE PRICE LIST

### Package Prices:

<b>Pre-Breeding Package - Basic</b> (Office call, vaginal exam, ultrasound & in house culture)	<b>\$150.00 *</b>
<b>Pre-Breeding Exam w/Biopsy &amp; Cytology</b> (Office call, vaginal exam, ultrasound, biopsy, culture sample, shipping TVMDL)	<b>\$395.00 *</b>
<b>Equine Annual Vaccines, Worming &amp; Coggins</b> (Office call, Vetera Gold+VEE, Rabies, Strangles, Quest Plus, Coggins)	<b>\$180.00</b>
<b>Uterine Lavage &amp; Infusion w/ Antibiotic 3-day Treatment</b> (3-day treatment, 3 ultrasounds, 3 lavage, 2 infusion antibiotics, 3 oxytocin & 3 boarding)	<b>\$400.00 *</b>
<b>Artificial Insemination - Cool Breeding Package - Basic</b> (3 boarding, 5 ultrasounds, 2 dose artificial inseminations, 1 deslorelin, 1 oxytocin, 1 lavage, office call)	<b>\$390.00 *</b>
<b>Artificial Insemination – Frozen Breeding Package – Basic</b> (3 boarding, 9 u/s, 3 after hours u/s, after hours care, A.I., 1 deslorelin, 1 oxytocin, 1 lavage, office call)	<b>\$800.00 *</b>
<b>Post Breeding Exams – Check Pregnancy &amp; Heartbeat &amp; Aftercare</b> (2 ultrasounds, 4 prodigy vaccines)	<b>\$150.00 *</b>
<b>Return Cardboard Semen Container Postage in US</b>	<b>\$ 20.00 *</b>
<b>Return Liquid Nitrogen Semen Container Postage in US</b>	<b>\$ 75.00 *</b>

(\*May have added charges to this service)

## Mare Check-In Information Sheet

Mare's Registered Name: \_\_\_\_\_

Breed: \_\_\_\_\_ If wet mare: Foal's Sire: \_\_\_\_\_

Mare Date of Birth: \_\_\_\_\_ Foal Date of Birth: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Contact for Mare: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Stallion Breeding To: \_\_\_\_\_

Stallion Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE ATTACH STALLION CONTRACT TO THIS INFORMATION SHEET!!**

Embryo Transfer / Mare Carry / Oocyte Aspiration \_\_\_\_\_

Embryo Transfer Facility: \_\_\_\_\_

Phone # Embryo Facility: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Coggins Current: YES / NO Date: \_\_\_\_\_ (Please attach copy to this info sheet!)

Vaccinations Current: YES / NO VETERA Gold XP + VEE \_\_\_\_\_ VEWT \_\_\_\_\_ Rabies \_\_\_\_\_

Rhino/Flu \_\_\_\_\_ Strangles \_\_\_\_\_ West Nile \_\_\_\_\_ Strangles \_\_\_\_\_ Date: \_\_\_\_\_

Deworming Current: YES / NO Product Given: \_\_\_\_\_ Date: \_\_\_\_\_

Feeding Instructions (please indicate quantity per feeding next to the appropriate feed type):

Feed \_\_\_\_\_

Coastal Hay \_\_\_\_\_ Alfalfa Hay \_\_\_\_\_ Supplements \_\_\_\_\_

Other \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Mare Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_