



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
2024 PACKAGE PRICE LIST**

Package Prices:

| | |
|---|-------------------|
| Pre-Breeding Package - Basic (Office call, vaginal exam, ultrasound & in house culture) | \$145.00 * |
| Pre-Breeding Exam w/Biopsy & Cytology (Office call, vaginal exam, ultrasound, biopsy, culture sample, shipping TVMDL) | \$385.00 * |
| Equine Annual Vaccines, Worming & Coggins (Office call, Vetera Gold+VEE, Rabies, Strangles, Quest Plus, Coggins) | \$175.00 |
| Uterine Lavage & Infusion w/ Antibiotic 3-day Treatment (3-day treatment, 3 ultrasounds, 3 lavage, 2 infusion antibiotics, 3 oxytocin & 3 boarding) | \$395.00 * |
| Artificial Insemination - Cool Breeding Package - Basic (3 boarding, 5 ultrasounds, 2 dose artificial inseminations, 1 deslorelin, 1 oxytocin, office call) | \$360.00 * |
| Artificial Insemination – Frozen Breeding Package – Basic (3 boarding, 9 u/s, 2 after hours u/s, after hours care, A.I., 1 deslorelin, 1 oxytocin,, liquid nitrogen, office call) | \$800.00 * |
| Post Breeding Exams – Check Pregnancy & Heartbeat & Aftercare (2 ultrasounds, 4 prodigy vaccines) | \$152.00 * |
| Return Cardboard Semen Container Postage in US | \$ 20.00 * |
| Return Liquid Nitrogen Semen Container Postage in US | \$ 75.00 * |

(*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 _____

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 _____

Rhino/Flu _____ Strangles _____ West Nile _____ Rabies _____ 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: _____