

Rebreed From: _____ Season To Stallion: _____ "Mare Information Sheet"

Mare Rebreed Information:

| | | |
|---|--|---|
| Reason for Rebreed - <i>Check One</i> : | Rebreed for Live Foal Guarantee | Rebreed for Color Guarantee |
| Mare Breeding Option - <i>Check One</i> : | Mare to be bred via Shipped Cooled Semen | Mare to be bred on Farm at DeGraff Stables |
| | | Expected Date Haul-In Brdg at Farm: |
| Owners Statement-Reason for Rebreed & Attach Vet Cert for LFG: | | |
| Check One: | Mare is a substitute | YES NO |
| Subst.Status -Mare IS: | Maiden OR, | Open for this season OR, |
| Maiden/Open Mares Require Neg. Culture & Cytology within 30 days: | | Expecting/Has a Current season foal |
| Diagnostics Enclosed/Attached | | Diagnostics to be Provided Prior to Shipping/Breeding |
| Mare will be bred for Embryo Transfer: | Yes No | If Yes, Advise Quantity Embryos Desired: and, Will Mare Also Carry Foal? YES NO |

Mare Information:

| | | | | | | | | | | | | |
|---------------------------|------|------|------|----------------------------|------|------|------|--|--|--|--|--|
| Mare Name: | | | | | | | | | | | | |
| Association ID# of Mare: | AQHA | APHA | ApHC | 2 nd Assoc. ID# | AQHA | APHA | ApHC | | | | | |
| Mare Owner or Lessee: | | | | | | | | | | | | |
| Association ID# of Owner: | AQHA | APHA | ApHC | 2 nd Assoc. ID# | AQHA | APHA | ApHC | | | | | |

Mare Owner/Lessee Information:

| | | | | | | | | | | | | |
|--------------------------------|----------------|--|--|--|--|--|--|--|--|--|--|--|
| Billing Name & Street Address: | | | | | | | | | | | | |
| City, State/Province, Zip: | | | | | | | | | | | | |
| Daytime Phone: | Evening Phone: | | | | | | | | | | | |
| Fax Number: | Cell Phone: | | | | | | | | | | | |
| e-mail address (REQUIRED): | | | | | | | | | | | | |

NOTE: A VALID CREDIT CARD MUST BE ON FILE - Credit Card Information & Authorization (4% Convenience Fee Applies):

| | | | | | | | | | | | | |
|--|---------------------------------|-----|--|--|--|--|--|--|--|--|--|--|
| EXACT Name on Card & Exact Billing Street Address: | | | | | | | | | | | | |
| City: | State | Zip | | | | | | | | | | |
| VISA or Master Card #: | | | | | | | | | | | | |
| Expiration Date: | 3 Digit Number on Back of Card: | | | | | | | | | | | |

Fees and Discounts For Rebreed:

| | | | | | | | | | | | | |
|--------|---|---------------------------------------|--|--|--|--|----------------------|--|--|-------------------|--|--|
| \$ 275 | Rebreed Fee for Live Foal/Color Guarantee - Shipped Semen Charges (See Below) or Haul-In Mare Breeding Fees Apply | | | | | | | | | | | |
| \$ | No Color Rebreed Fee; If Applies Per Original Stallion Breeding Contract (\$ _____) Amount | | | | | | | | | | | |
| \$ | SS Fees: \$195CPU, \$325FedEx, \$25Sat, \$425Air, \$245Haul-In | | | | | | | | | | | |
| \$ | Other: | | | | | | | | | | | |
| \$ | Sub-Total of Fees | | | | | | | | | | | |
| \$ | 7% Sales Tax for In State - Ohio Shipments/Breedings; If Applies | | | | | | 7% Sales Tax Applies | | | 7% Does Not Apply | | |
| \$ | 4% Credit Card Convenience Fee for Visa/MC Payments, If | | | | | | 4% CC Fee Applies | | | 4% Does Not Apply | | |
| \$ | Total Breeding/Ship Fee | Yes, Please Charge My Credit Card Or, | | No, Do Not Charge My Card, I Will Pay by Check | | | | | | | | |

For Breeding Via Shipped Semen:

| | | | | | | | | | | | |
|---|-----|----|--|--|--|--|-----|----|--|--|--|
| Address for Delivery of Shipped Semen: | | | | | | Saturday Delivery Address (If Different): | | | | | |
| Facility: | | | | | | Facility: | | | | | |
| Address: | | | | | | Address: | | | | | |
| City, State, Zip: | | | | | | City, State, Zip: | | | | | |
| Is This a Residential Address? | Yes | No | | | | Is This a Residential Address? | Yes | No | | | |
| ***Approximate Date First Shipment or Mare Arrival at Farm: | | | | | | *Do you want a signature release for shipments? | | | | | |
| SS Fees=\$195 CPU, \$325 FedEx\$25 Additional Sat Delivery\$425 Via Airline | | | | | | *Will allow Fed-Ex to deliver without a signer | | | | | |
| Contact: | | | | | | EmailForFedExConfirmation: | | | | | |
| Contact Day Phn: | | | | | | Alternate ContactName: | | | | | |
| Contact Cell: | | | | | | AltContactDay/CellPhn: | | | | | |
| Contact Fax: | | | | | | Alt ContactFaxOrEmail: | | | | | |
| Closest Airport: | | | | | | Airport 2nd Choice: | | | | | |

Note: Please be sure to send a copy of Mare's current registration papers with this form.

As Mare Owner, I Certify I Have Executed a Breeding Contract To the Above Mentioned Stallion, and that my Rebreed is in Accordance with all Terms and Conditions of said Contract:

Sign: _____ Date: _____

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