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### Oocyte Aspiration Contract

ProFuture Equine, hereinafter PF, agrees to perform transvaginal follicle aspiration for oocyte recovery for the donor mare listed below. All collected oocytes will be shipped to an appropriate ICSI lab for further processing of oocytes in an attempt to create a viable embryo.

_____	_____	_____
Name of Mare	Age	Registration #

By entering into this contract, the mare owner agrees to the following:

1. To pay PF one thousand two hundred dollars (\$1,200) for each transvaginal oocyte aspiration performed on this mare.
2. To pay PF for all veterinary fees associated with routine or emergency care of donor mare and/or foal.
3. To pay PF for all medications needed to complete the oocyte aspiration procedure.
4. A 50% deposit for estimated charges is due at time of admission.
5. PF makes no guarantees, warranties, or representations as to the success or outcome of the transvaginal oocyte aspiration procedures herein contemplated. The owner understands that PF makes no representation, guarantee, or warranty, express or implied, that oocytes will be recovered or that a blastocyst (transferable embryo) will result from the subsequent ICSI procedure. PF will exercise reasonable care in all services performed under this contract, but neither PF nor its employees may be held responsible for oocyte loss or for production of foals with incorrect parentage. It is recommended that parentage of resulting foals be verified soon after the foal is born.
6. Transvaginal oocyte aspiration is not without some risk to the mare. The owner accepts all potential procedural risks including any complications that may develop as a result of this procedure and accept that such complications may incur additional fees. Owner has been made aware of common potential complications of this procedure and acknowledges that post-procedural care may be required and will be undertaken as deemed necessary by PF.
7. The owner will release and hold PF harmless from any claim, demand or loss arising from any disease, injury, or death to the donor mare and/or foal and/or in utero foal arising out of any undertaking by PF. Further, owner shall exonerate, protect, indemnify, defend, and hold harmless PF and its Lessors(s) of the mare(s), from and against any and all liabilities, expenses, claims, fines, penalties, costs, attorney's fees, and damages of every kind including, without



limitation, those arising out of or attributed, directly or indirectly, to or resulting from any and all negligent acts or omissions of donor mare owner, or of any person while the mare(s) are under donor mare owner's possession or control.

8. The person signing this contract represents and warrants that he/she is the true and lawful owner of the donor mare, or if not the owner, then has actual authority to act as owner's agent for purposes of entering into this contract, and to make any and all decisions regarding the animal and its veterinary care.
9. All charges will be due within 30 days of receipt of invoice and if account becomes delinquent, interest at a rate of 1.5% per month will be applied to account and all further services can be terminated at the discretion of PF until account is settled.
10. Owner agrees to pay all charges in full before removing the donor mare.
11. PF reserves the right to discontinue follicle aspiration services at its discretion.

By signing below, I acknowledge and agree to comply with the terms and conditions stated above. This contract is subject to the laws of the State Of Oklahoma. GOVERNING LAW AND VENUE. This Agreement/Contract shall be governed, construed and interpreted by, through and under the Laws of the State of Oklahoma. The parties further agree that the venue for any and all disputes related to this Agreement/Contract shall be in the District Court of McClain County, Oklahoma.

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Mare Owner Name

Mare Owner Phone Number

Mare Owner Email Address

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Mare Owner Address

Mare Owner City, State, Zip Code



## PAYMENT

Credit card information is REQUIRED, regardless if a different form of payment is requested.

If you choose to pay by cash or check, and payment is not received within 60 days of billing, we will charge your credit card for your balance.

For your convenience, you can pre-authorize charges. At the end of each billing cycle, we will charge your credit card and send you an email receipt of your payment with your monthly statement.

This can be done automatically OR you can notify us after reviewing your statement to authorize payment. ProFuture Equine will send monthly statements to you via EMAIL unless mailed statements are specifically requested. From this link you are able to review each itemized invoice, then securely enter your credit card payment information or send in payment via check or cash.

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Please Circle/Check Card Type:

Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

American Express \_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_ Verification Code: \_\_\_\_\_

\_\_\_ I authorize ProFuture Equine Networking, LLC to charge the balance of my account, at the end of each billing cycle, to the above referenced credit card.

\_\_\_ I authorize ProFuture Equine Networking, LLC to charge the amount of \$ \_\_\_\_\_ at the end of each billing cycle to the above credit card.

Name on Account: (Print) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mare Owner or Authorized Agent

\_\_\_\_\_  
Date