

Date _____

Royal Vista Southwest Arrival Form

OWNER INFORMATION

Name _____

Address _____

City, St, Zip _____

Email Address _____

PLEASE CHECK PRIMARY CONTACT	
<input type="checkbox"/> Business Ph	_____
<input type="checkbox"/> Home Ph	_____
<input type="checkbox"/> Cell Ph	_____
<input type="checkbox"/> Alt Ph	_____

HORSE INFORMATION

Name _____ Age _____ Color _____

BREEDING INFORMATION

Has She Been Under Lights

No Yes Start Date _____

IS YOUR HORSE INSURED? <i>Yes No</i>	
Insurance Co.	_____
Telephone	_____

Is She In Foal? YES NO

If YES Last Breeding Date _____, Stallion _____

If NO, She is a MAIDEN and we have never attempted a breeding

She was NOT BRED the previous year

FOAL BY SIDE - Foal DOB _____ Sire _____ Color _____ M F

EMBRYO TRANSFER was performed *successfully* *unsuccessfully*

NO PREGNANCY has resulted after _____ year(s) of attempts

CURRENT BREEDING INFORMATION

#1 Stallion _____ Carry ET Vitrify

Standing At _____ Phone _____ Contact _____

#2 Stallion _____ Carry ET Vitrify

Standing At _____ Phone _____ Contact _____

#3 Stallion _____ Carry ET Vitrify

Standing At _____ Phone _____ Contact _____

PREFERRED CARE INFORMANTION	
Private Care <input type="checkbox"/>	<input type="checkbox"/> Foal Out
Dry Mare <input type="checkbox"/>	<input type="checkbox"/> Layover
Wet Mare <input type="checkbox"/>	<input type="checkbox"/> Other _____
Special Instructions _____	

FARRIER INFORMANTION	Date Last Done _____	Needs Done ASAP <input type="checkbox"/>
<input type="checkbox"/> Trim		
<input type="checkbox"/> Front Shoes	Special Needs _____	
<input type="checkbox"/> Full Shoes	_____	
<input type="checkbox"/> Remove Shoes then Trim		

VACCINATION INFORMANTION – Please write the date last administered			
Deworm _____	Enceph/Tet _____	Flu/Rhino _____	West Nile _____
Rabies _____	EVA _____	Rotavirus _____	Rhino for pg mares _____

FOAL VACCINATION INFORMANTION			
Deworm _____	Enceph/Tet _____	Flu/Rhino _____	West Nile _____
Rabies _____	1 ST Plasma _____	2 nd Plasma _____	
Please give the following _____			

Stallion List

(Please complete this form if the Donor Mare will be brought to Royal Vista Southwest for On-Site embryo transfers)

Donor Mare: _____

Owner: _____

**The above mare may be bred to multiple stallions.
The tentative choices and order is as follows:**

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Please attach a copy of the Breeding Contract or Contact information for each Stallion Farm

Changes can be made at **any time** by calling the office at 405-527-0767



Credit Card Authorization



Payable To: Royal Vista Southwest Services

Authorized Amount: \$ _____

Apply To: Account # _____

Name on Account _____

Invoice # _____

Please circle Card Type

VISA MasterCard DISCOVER - - - - -

AMEX - - - - -

Verification Code: _____

Expiration Date: ____/____

Name as it appears on card _____

Billing Address: _____

I authorize Royal Vista Southwest to charge the balance of my account, at the end of each billing cycle, to the above referenced credit card. (Please circle one) **Yes** **No**

Signature _____ Date _____

Email address to send receipt (optional) _____

Thank You!

Rec'd by: _____
Date Charged: _____ by: _____



Royal Vista Southwest
Fee Schedule
2012

Embryo Transfer Program

\$1,000 Booking Fee
\$2,500 Pregnancy Fee
\$1,000 Purchase of Recipient Mare
(Credited back to account when recipient mare is returned to RVSW)
Live Foal Guarantee (See contract for details)

Donor Mare Embryo Flush (Haul in)

\$350

Donor Mare Embryo Flush and Cycle Management

\$450 / cycle

Embryo Vitrification

\$250 / Embryo Vitrified

Vitrified Embryo Liquid Nitrogen Storage

\$15 / Per month up to 5 embryos

Frozen Semen Donor Flush and Cycle Management

\$550/ cycle

Pregnant Recipient Board

\$11/day starting from day of transfer

Courier Fee

Based on mileage from farms or airport

Cooled Semen Mare Management Fee

\$350 first cycle
\$100 each additional cycle
Includes palpation/ultrasound and breeding.
Drug treatments and semen transport fees additional.

Frozen Semen Mare Management Fee

\$450 first cycle
\$200 each additional cycle
Includes palpation/ultrasound and breeding.
Drug treatments and semen transport fees additional.

Equitainer Return

\$40 for second day FedEx return

Foaling Fee

\$450

Daily Board Rates

\$15/day Dry
\$17/day Wet
\$17/day Foal Watch
\$25/day Private Care