

MASTERSON FARMS, LLC
400 Union Drive
Somerville, Tennessee 38068
Phone: 901-466-0123 Fax: 901-466-1066

2025 ATTACHMENT TO SHIPPED COOLED SEMEN CONTRACT

CALL 901-444-1105 FOR ALL BREEDING MATTERS

FEES AND PROCEDURES FOR SHIPPED COOLED SEMEN

Collection Days: Shipments will be made available each week on Mondays, Wednesdays, and Fridays beginning February 2, 2026, and ending June 29, 2026.

FedEx Shipments: Shipments will be sent by FedEx Express Priority Overnight Service. A fee of \$350 will be due for each shipment which covers collection, laboratory work, and FedEx shipping charges (the "Collection Fee"). International shipments will require additional charges depending upon regulatory requirements of the destination country.

Same Day Service: If same day delivery by airport counter to counter service is requested and commercially available, the Fee shall be \$250 plus all freight charges. Please note that any such shipment may result in a very late or missed arrival at your location because of the uncertainty of passenger airline schedules.

Time for Request: Please contact us by telephone no later than 3:00 P. M. Central on the day before your semen is to be shipped. You may cancel your request without penalty if you do so by 8:00 A.M. Central on the day of shipment.

Insemination: Your mare must be inseminated by a licensed veterinarian and the semen may only be used for the designated mare. Notify us when your mare has been checked for pregnancy. We require ultrasound examinations at 14-16 days and again at 24-35 days after insemination to offer the Live Foal Provision.

No Guarantee: We will make every reasonable effort to honor your request but because each request is taken on a first-come first-served basis and subject to availability, no guarantee of shipment can be made.

MAREOWNER INFORMATION

Billing Address:

Name: _____

Street Address: _____

City/State/Zip Code: _____

Telephone Numbers: _____

(Please include all numbers: home, business, cell, and fax)

Email Address: _____

Shipping Address:

Facility: _____

(No P. O. Boxes, must be a street address or rural route for FedEx delivery)

Address: _____

City/State/Zip: _____

Contact Name: _____

(Name of veterinarian or other person to receive shipment)

Telephone Numbers: _____

(Please include cell and fax numbers)

Closest Airport with commercial service: _____ **Is FedEx A.M. Overnight service available in your area?**
(Yes or No)