



Triangle Sales Office
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BREEDING CONTRACT GUARANTEE

MARE Name & Registration #: _____

STALLION Name & Registration #: _____

BREEDING DISCLOSURE (check one): With Return Without Return

TERM OF SERVICE (enter breeding season year or specific dates): _____

MARE OWNER – LESSEE – AQHA AUTHORIZED AGENT:

I certify that all fees connected with this breeding have been paid in full.

Printed Name (Check One)

- Mare Owner
- Lessee
- AQHA Authorized Agent

Phone Number

Signature

Date

STALLION OWNER – LESSEE – AQHA AUTHORIZED AGENT:

I certify that all fees connected with this breeding have been paid in full and that this breeding will be honored.

Printed Name (Check One)

- Stallion Owner
- Lessee
- AQHA Authorized Agent

Phone Number

Signature

Date

Breeding Facility