

KRYO KINETICS USA LLC
The Horse Alpha Angle Freeze Marking Identification
FREEZE MARKING CLINIC CONTRACT

This contract is between _____
Name

Address

Phone

Email

and Kryo Kinetics USA LLC: Certified Licensee Technician:

Name _____ Region _____

Address _____

Phone _____ Email _____

This clinic will be held on the day and date of _____.

At the following location: _____

The fee for freeze marking each horse will be \$135.00. If there are 15 or more horses guaranteed to be freeze marked at one single location on that same scheduled day, the fee will be \$125.00 per horse. There will also be a mileage fee of 45 cents per mile from the last scheduled location. This fee can be divided between horse owners that are present at that day's scheduled clinic.

As a clinic manager, I understand that I will collect a \$50.00 non-refundable deposit for each horse booked for the clinic and forward that amount to Kryo Kinetics USA LLC Certified Licensee Technician at the above address, no less than 2 weeks before scheduled clinic date. The deposit will be refunded only if the horse should die on or before the clinic date. The deposit shall be used to offset expenses should the horse not be presented at the clinic for freeze marking or be unmarkable due to behavior or discrepancies regarding the registration papers. This deposit shall be considered part of the freeze marking fee for each horse booked and will be subtracted from the total fee for that horse at time of marking. Deposits are not transferable.

Horses will be booked at forth-minute intervals beginning with the first horse at _____. Deposit should be collected at the time of booking. Clinic Manager will make sure that every owner understands that the **ORIGINAL BREED REGISTRATION CERTIFICATE** must be presented in order for a horse to be marked with his breed symbol and registration number (if applicable). Photocopies are not acceptable. Horses presented with photocopies or presented with registration papers that do not match the horse will wither be freeze marked with a state symbol and number, or forfeit their deposit. Horses presented by someone other than the recorded owner will be accompanied by a signed Agent Authorization Form or letter of authorization signed by the recorded owner with a full description of horse(s) to be freeze marked.

Clinic Manager guarantees that _____ horses, ponies or other equines will be presented for freeze marking at this clinic. Additional horses will be considered for marking if time permits.

Date _____

Technician

Clinic Manager