

FRESH CHILLED SEMEN SHIPMENT REQUEST FORM

Mare Owner: _____
Phone: _____

Mare Name: _____
Breed: _____
Registration #: _____

Stallion: _____

Ship To:

Contact Person: _____

Address (No P.O. Boxes): _____

Phone: _____ Fax: _____

Veterinarian: _____
Phone: _____ Fax: _____

Anticipated Shipping Date: _____

FedEx Acct. No.: _____

Amount of additional FedEx insurance requested: _____ (We insure each package for \$800). FedEx insurance rates are \$.50 per additional \$100.00 of declared value.

Special Instructions:

