



SEMEN ORDER FORM

(Please complete in block capitals. Make sure that we get the order **BEFORE** the dispatch date **INCLUDING** your telephone number by fax or email.)

Desired stallion _____

Alternative desired stallion _____

Name of the mare _____

Not in foal the year before

Reg.-no. of the mare _____

yes no

Colour of the mare _____

Sire of the mare _____

Dam of the mare _____

Report the coverage to the Breeding Association _____

Membership no. _____

Operational approval no. of the recipient _____

Mare Owner

Billing address (if different)

Name _____

Street _____

Zip Code / City _____

Email _____

Phone / Fax _____

Tax numer/VAT _____

Delivery address (if different from the mare owners address)

Insemination veterinarian

Name _____

Street _____

Zip Code / City _____

Phone _____

The semen is needed on _____ (date)

If insemination by a inseminator please include a copy of certification.

Please send us a copy of the pedigree of your mare.

By placing a semen order you make an agreement to accept our insemination and general business conditions.

Date _____ Signature _____