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Frozen Semen Request Form

Stallion Name: _____

Receivers Name: _____

Shipping Address: _____

_____ Post Code: _____

Special Delivery Instructions: _____

Overnight / Same Day / Off Peak (Road)

Preferred Carrier (Please circle): TNT / Toll Priority / pick up from clinic

Office use:

Reference Number: _____ Consignment Number: _____

| | | |
|---------------|----------------------|-----------|
| Costs: | Dry Shipper Hire | \$110 |
| | Courier | |
| | Transfer Fee & Admin | \$51 |
| | Total | \$ |

Billing Details – Payment is required before semen will be shipped.

Name: _____

Address: _____

_____ Postcode: _____

Contact (M) _____ (H) _____

Email Address: _____

Credit Card No.: _____

Exp: _____ CCV: _____

Office use:

Dry Shipper Number# _____ Dated Returned: _____