

ABN 90 660 287 945

39 RIVER ROAD, ALFREDTOWN NSW 2650

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BOOKING FORM REQUEST FOR SEMEN

Please note: No Semen will be despatched without a prior booking

Please use this form to provide us with the information required PRIOR to despatch of semen.

COLLECTION DAYS: MONDAY, WEDNESDAY & FRIDAY

 $^{\sim}$ Orders must be placed by 5.00pm the night before collection $^{\sim}$

PLEASE ENSURE YOU RECEIVE CONFIRMATION OF YOUR SEMEN REQUEST

STALLION					
STALLION NAME:			Date Required:		
MARE DETAILS					
MARE:			Freezebrand:		
OWNER					
Residential Address:					
	Suburb:	State:		Postcode:	
Email Address:		Teleph	one:		
SEMEN TRANSPO	RT				
Airport or Pick-up poi	nt for collection of Semen:				
Name of Person collec	cting Semen from Pick-up point:				
Contact Mobile:					
Licensed Inseminator	's Name:				
Name of Veterinary C	linic:				
Email Address:		Teleph	one:		
revoked and the FULL SEF	s below will be deemed responsible for all co RVICE FEE will be applied for any Account no of the Terms and Conditions as set out above a	ot paid by	30 days from the d	late of Invoice	(unless by prio
OFFICE USE ONLY:					
Date Semen Despatch	ned:	Signatu	ıre:		