



## TRANSPORTED CHILLED SEMEN REQUEST FORM

- ❖ Semen order **must** be received by fax (07 5464 4566) or email ([marburg@westvets.com.au](mailto:marburg@westvets.com.au)) by **6 pm** the **day prior** to collection; please confirm with a verbal request.
- ❖ A verbal confirmation must be confirmed by a fax or email.
- ❖ Collection days will differ between stallions. Please call for further details (07 54644422)
- ❖ No Semen will be dispatched without payment details.
- ❖ No Semen will be dispatched without authorization by the stallion owner to WestVETS Animal Hospitals.

Stallion: _____
Collection Date: _____ Insemination Date: _____
Mare Name: _____

Mare Owner's Name: _____
Address: _____ Suburb: _____
State: _____ Postcode: _____ Phone: _____ Mobile: _____

Licensed Inseminators Name: _____
Phone: _____ Mobile: _____ Fax: _____
Address where semen to be shipped: _____
Suburb: _____ State: _____ Postcode: _____
Special Delivery Instructions (eg. Hold at airport or Toll): _____
_____

<b>PAYMENT DETAILS</b>
* Credit Card: Name on Card: _____ Card Number ____/____/____/____
Expiry Date: ____/____ Visa / MCard Signature (of cardholder) _____

<i>OFFICE USE ONLY</i>
Dispatch Date: __/__/__ Con Note: _____ Freight Company: _____
Shipper #: _____ Return Date: _____