

MATAMATA VETERINARY SERVICES SEMEN REQUEST FORM

To be completed by Mare Owner

- please return this form to Matamata Veterinary Services at least 3 working days before the semen is required for frozen semen and at least 48 hours before chilled semen is required.

Name of person requesting semen: _____

Address: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Stallion name: _____

Stallion owner: _____

Address: _____

Phone: _____ Fax: _____ Mobile: _____

Type of semen (please circle): Fresh Chilled Frozen

Name of mare for insemination: _____

Veterinarian performing insemination: _____ Phone: _____

Name of person to invoice for collection / shipping: _____

Address (if different from above): _____

Delivery details: Date that semen is required: _____

Address for semen delivery: _____

Preferred method of delivery: Air / Courier / Pick-up

I, _____ the mare owner/agent agree to pay the dispatch costs (as outlined on the attached sheet) and have the tank returned by the due date.

Signed: _____ Date: _____

ALL NATIONAL SEMEN DISPATCHES REQUIRE PAYMENT PRIOR TO DISPATCH

Payment method: Cheque Internet Banking Credit Card (details below)

Credit card details

Name: _____

Card Number: _____

Exp Date: _____