

MATAMATA VETERINARY SERVICES SEMEN REQUEST FORM

To be completed by Stallion Owner/Agent

- please return this form to Matamata Veterinary Services at least 3 working days before the semen is required for frozen semen and 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: _____

Name of mare for insemination: _____

Veterinarian performing insemination: _____ Phone: _____

Number of doses/straws to be released:

Type of semen (please circle): Fresh Chilled Frozen

Name of person to invoice for collection / shipping: _____

Address (if different from above): _____

OR please charge to my account:

I, _____ the stallion owner / agent authorise the release of this semen to the above named mare owner / client.

Signed: _____ Date: _____

Dave Hanlon
BSc, BVMS (Hons), MVSc, MACVSc, Dipl Act
Registered Specialist - Equine Reproduction

Victoria Weston
BSc, MSc (Hons)
Semen Laboratory Manger
0275 568 300