



Clinic

To order Semen: 765-533-4525
Fax: 765-533-4520

Stallion Management

• 4940 N. Brandywine Rd. Shelbyville, IN 46176 • Contact 317-627-6802 • Fax 317-835-2851

STALLION Moon Beam SEASON OF 2010

LIFETIME BREEDING _____ SERVICE FEE \$ 3,000.00 plus GST

IMPORTANT - IS THIS MARE AN EMBRYO TRANSFER? PLEASE CHECK YES OR NO

Name of Mare _____ Year Foaled _____ Tattoo No. _____

Sire _____ Dam _____ Sire of Dam _____

MAIDEN MARE IN FOAL - STALLION _____ DUE: _____

BARREN MARE FOALED-SIRE _____ RESULT: _____ DATE _____

Owner or Lessee of Mare _____

BILLING ADDRESS (ACCOUNTS WILL BE DIRECTED TO ADDRESS BELOW UNLESS OTHERWISE STATED)

Semen Transport - DELIVERY ADDRESS

Phone: _____

Phone: _____

Other Phone: _____

Other Phone: _____

Fax: _____

Fax: _____

E-mail: _____

E-mail: _____

CREDIT CARD NUMBER IS REQUIRED FOR ALL SEMEN TRANSPORT ORDERS

PLEASE CHECK FOR MONTHLY CREDIT CARD PROCESSING OPTION FOR BOARDING MARES

CREDIT CARD HOLDER _____ VISA/MC/AMEX# _____ EXPIRY DATE _____

A VALID ACCOUNT NUMBER IS REQUIRED FOR ALL FEDEX DELIVERIES

NAME ON ACCOUNT _____ ACCOUNT NUMBER _____

24 HOUR NOTICE IS REQUIRED FOR ALL ARRIVALS OR DEPARTURES OF MARES.
ALL ACCOUNTS AND BOARD BILLS MUST BE PAID BEFORE DEPARTURE OF MARES.

I hereby apply, based on the information supplied above and the conditions on the back hereof, for a booking to the above named Stallion for this mare, and if such booking is approved below by _____, it shall become a contract between us.

Owner's Signature

Date

SIGN AND RETURN TO _____ FOR APPROVAL

OFFICE USE ONLY	
Date Sent	_____
Date Received	_____
APPROVED BY	_____
DATE	_____ CONTRACT # _____