



**Select Breeders Service Affiliate Lab**  
11536 Cleveland Avenue Oakdale, CA 95361  
Ph: (209)847-5951 Fax: (209)847-5954

## FROZEN SEMEN SHIPMENT REQUEST FORM

Mare Owner : \_\_\_\_\_ Mare name : \_\_\_\_\_  
Phone: \_\_\_\_\_ Breed : \_\_\_\_\_

Registration No. : \_\_\_\_\_

Stallion : \_\_\_\_\_ # doses \_\_\_\_\_

Ship to : \_\_\_\_\_ (contact person)

Address : \_\_\_\_\_  
(no P.O. Boxes) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

Veterinarian : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

Will the Vet be transferring the semen into a storage container?  YES  NO

Anticipated Shipping Date : \_\_\_\_\_

Credit Card VISA  MC  FedEx Acct. No. \_\_\_\_\_

Credit Card No. \_\_\_\_\_ exp date: \_\_\_\_\_

Special Instructions : \_\_\_\_\_  
\_\_\_\_\_

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### ***PEH OFFICE USE ONLY***

Fees paid / billing info :

- Handling Fee :  
Amount : \$ \_\_\_\_\_ Received from : \_\_\_\_\_ Check # : \_\_\_\_\_  
Bill Stallion Owner:  \_\_\_\_\_

Tank deposit : Received

Container : SBS  \_\_\_\_\_  
Client  \_\_\_\_\_