



**Pioneer Equine Hospital**  
*Select Breeders Affiliate Lab*  
 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

Would you like this shipment to include :  
 Frozen extender?  Sterile Insemination Kit

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

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

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

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

***PEH OFFICE USE ONLY***

Fees paid / billing info :

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

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

