



Stephanie Plote Performance Horses

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Topline Equine Veterinary Care

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SEMEN REQUEST FORM		
Client Information		
Name:		
Address:		
Phone:	Email:	
Mare Information		
Registered Name(s):		
Breed Registry(ies):	Registration Number(s):	
Shipping Information		
Shipping Preference:	<input type="checkbox"/> FedEx	<input type="checkbox"/> UPS <input type="checkbox"/> Airport
FedEx/UPS Account Number <i>(if using Client's personal account for shipping)</i> :		
Able to receive Saturday Delivery:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nearest Airport <i>(if shipping Counter-to-Counter)</i> :		
Tracking Details to Client:	<input type="checkbox"/> Call	<input type="checkbox"/> Text <input type="checkbox"/> Email
<i>(details will be sent to contact provided in the Semen Shipment Contact Information below unless indicated here)</i>		
Semen Shipment Contact Information		
<i>(if different from Client Information above, such as when shipping directly to Vet Clinic)</i>		
Name:		
Address:		
Phone:	Email:	
Payment Information		
<i>(Collection/shipping fees must be paid in full prior to stallion collection)</i>		
<i>(A credit card must be on file regardless of payment method selected below)</i>		
Payment Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Credit Card Number:		
Expiration Date:	CVC Code:	Billing Zip Code:
Name on Card:		
Signature of Card Holder:		