



# DeGraff Stables, Inc.

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## Cooled Semen Shipment Request Form 2018

Requests received by 11am EST will be shipped the same day

**\*\*Each section must be completely filled out and legible in order for DeGraff Stables to process your shipment request in a timely manner. If not, it could result in a delay of shipment.**

Notification Date: \_\_\_\_\_ Anticipated Ship Date: \_\_\_\_\_

Mare Owner: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**\*\* IMPORTANT: YOUR EMAIL ADDRESS WILL BE USED TO SEND A FEDEX TRACKING NUMBER FOR MANAGING YOUR SHIPMENT.**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|   |
|---|
| #1 Mare Name: _____                           |
| Breed: _____                                  |
| Reg. #: _____                                 |
| ___ Maiden ___ Foaled ___ Barren ___ Not Bred |
| #2 Mare Name: _____                           |
| Breed: _____                                  |
| Reg. #: _____                                 |
| ___ Maiden ___ Foaled ___ Barren ___ Not Bred |

Stallion: \_\_\_\_\_ Stallion Owner/Agent: \_\_\_\_\_ # Doses \_\_\_\_\_

Ship to: Contact Person: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Closest Airport: \_\_\_\_\_ Specific Airline (if applicable): \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

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

Disposable Shipping Container Provided By:  DGS  Client

Credit Card  Visa  MC  AMEX  Discover

Name on Card: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: 3.5% CREDIT CARD CONVENIENCE FEE WILL BE APPLIED TO YOUR CREDIT CARD. WE MUST HAVE A VALID CREDIT CARD TO SHIP.**

|   |                    |             |                       |        |               |               |  |  |  |
|---|--------------------|-------------|-----------------------|--------|---------------|---------------|--|--|--|
| <b>FOR OFFICE USE ONLY</b> - Processed by _____ |                    |             |                       |        |               |               |  |  |  |
| ___ Bookkeeper                                  | ___ Auth. Form     | ___ Request | ___ Shipper Label     | ___ WO | ___ Reg. Form | ___ Signature |  |  |  |
| ___ FedEx or Pickup                             | ___ Email Track. # | ___ CC      | ___ Doses Dbl Checked |        |               |               |  |  |  |