



DEGRAFF STABLES SHIPPED SEMEN ORDER FORM

FAX TO: 419.960.7173 OR CALL: 419.960.7447

STALLION NAME: _____

ALL REQUESTS FOR SEMEN MUST BE MADE 24 HOURS IN ADVANCE OF COLLECTION/SHIPPING DATE!

| | |
|---------------------------|--|
| TODAY'S DATE: | DATE FOR SEMEN TO SHIP: |
| Date for Semen to Arrive: | Is This Your First Request for Semen? <input type="checkbox"/> YES <input type="checkbox"/> NO |

ADVISE TYPE OF SERVICE REQUIRED FOR SEMEN SHIPMENT (Check One) - 3.5% CC Fee Applies:

| Type of Service | Shipment Cost - Outside OH | Check One: |
|--|----------------------------|--------------------------|
| FedEx Standard Shipment | \$275 | <input type="checkbox"/> |
| FedEx Hold For Pick Up | \$275 | <input type="checkbox"/> |
| FedEx Saturday Delivery | \$300 | <input type="checkbox"/> |
| FedEx Canadian Shipment (Includes Canadian Fee, Stallion Health Certificate, Documentation & Disposable Container) | \$550 | <input type="checkbox"/> |
| Customer Pick Up At Farm | \$175 | <input type="checkbox"/> |
| Airline Same Day - CTC (Includes Courier) | \$375 | <input type="checkbox"/> |

PERSON ORDERING SEMEN CONTACT INFORMATION:

| | |
|--|--|
| Contact Person (Required Information): | |
| Phone (Required Information): | |
| Fax Shipping Confirmation Info: | |
| Email Shipping Confirmation Info: | |

MARE INFORMATION (Required Information):

| | | | |
|--------------------------|--|----------------------------|---|
| Mare Name: | | | |
| Association ID# of mare: | <input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC | 2 nd Assoc. ID# | <input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC |
| Mare Owner or Lessee: | | | |
| Embryo Transfer: | <input type="checkbox"/> YES <input type="checkbox"/> NO Very Important! Please let us know if this shipment is for an embryo flush. | | |

SHIPPING INFORMATION - Please Check Box if Ship Info Is Already on File Yes If Not, Please Provide:

| Address for Delivery of Shipped Semen: | | Saturday Delivery Address (If Different): | |
|---|--|--|--|
| Facility(Req'd): | | Facility: | |
| Address: | | Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Is This a Residential Address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is This a Residential Address? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | *Do you want a signature release for shipments? <input type="checkbox"/> Yes <input type="checkbox"/> No *Will allow Fed-Ex to deliver without a signer | |
| Closest Major Airport: | | Airport 2nd Choice: | |

A VALID CREDIT CARD MUST BE ON FILE - CREDIT CARD INFORMATION & AUTHORIZATION (3.5% Convenience Fee Applies):

| | |
|--|---------------------------------|
| Please Check Box if Credit Card Information is Already on File: <input type="checkbox"/> Yes If Not, Please Provide the Following Information: | |
| EXACT Name on Card: | |
| Card Billing Address: | |
| City, State & Zip: | |
| VISA or Master Card #: | |
| Expiration Date: | 3 Digit Number on Back of Card: |

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