

## **DEGRAFF STABLES, INC.**

**Cooled Semen Request Form** 

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STALLION NAME:	

ALL	REQ	UESTS	FOR	SEMEN	MUST	BE M	ADE	24 H	IOURS	IN A	advan	ice oi	f COI	LECT	TION	/SHIP	PING	DATE!

TODAY'S DATE	•		DATE FOR SEMEN TO SHIP:							
Date for Semen	to Arrive:		Is This Your First Request for Semen? ☐ YES ☐ NO							
ADVISE TYPE	OF SERVICE REQI	JIRED FOI	R SEMEN SHIPMENT (Chec	:k One) - 4%	CC Fee Applies:					
Type of S	Service		Shipment Cost - Outside OH		Check One:					
FedEx Standard Shipme	nt		\$375 / \$35							
FedEx Hold For Pick Up	1		\$375 / \$35							
FedEx Saturday Deliver	y		\$410 / \$35							
FedEx Canadian Shipme Canadian Fee, Stallion Documentation & Dispo	Health Certificate,		\$TBD							
Customer Pick Up At Fa	ırm		\$225 / \$35							
Airline Same Day - CTC	(Includes Courier)	\$-	450 (GNV) or \$625 (MCO) / \$35							
	PERSON O	RDERING	SEMEN CONTACT INFORM	MATION:						
Contact Person (Requ	ired Information):									
Phone (Requ	ired Information):									
Fax Shipping	Confirmation Info:									
Email Shipping	Confirmation Info:									
	MARE	INFORMA	TION (Required Informat	ion):						
Mare	Name:									
Association ID# of	mare:	□ AQH/	A □ APHA □ ApHC 2 <sup>nd</sup> Assoc	:. ID#	□ AQHA □ APHA [	□ ApHC				
Mare Owner or L	essee:									
Embryo Tra	ansfer: 🗆 YES 🗆	NO Very Im	nportant! Please let us know if	this shipment is	for an embryo flush.					
			·		·					
		Check Box	if Ship Info Is Already on File		, Please Provide:					
dress for Delivery of SI Facility(Req'd):	nipped Semen:		Saturday Delivery Facilit		ferent):					
Address:			Addre							
City, State, Zip:			·	City, State, Zip:						
Is This a Residential Ad	dress? ☐ Yes	□ No	Is This a Resident		☐ Yes ☐ No					
			*Do you want a sig	gnature release	for shipments? $\square$ Ye	es 🗆				
			*Will allow Fed-L	x to deliver w	rithout a signer					
Closest Major Airport:				Airport 2nd Choice:						
	MUST BE ON FILE -	CREDIT CA	RD INFORMATION & AUTHORI		onvenience Fee App	lies):				
Please Check Box if Cr				· · · · · · · · · · · · · · · · · · ·	ollowing Information:					
EXACT Name on Card:										
Card Billing Address:										
City, State & Zip:										
VISA or Master Card #:										
Expiration Date:			3 Digit Number on Bac	k of Cards						