



14 Voyageur Drive
Kemptville, Ontario
KoG 1Jo
Canada

SEMEN REQUEST FORM

COLLECTION INFORMATION:

Horse Information:

Stallion Name: _____

Mare Name: _____ Mare Owner's Name: _____

Semen Request Information:

Today's Date: _____

Collection Date Requested: _____ Breeding Date: _____

Fresh Cooled or Frozen: _____

SHIPPING INFORMATION:

Name: _____

Street: _____ City: _____

Prov/State: _____ Postal/ZIP Code: _____

Telephone: _____

Email: _____

Shipping Contact Name: _____

FedEx Account Number: _____

IRS Number (US Clients Only): _____

Please fill out Semen Request Form and email to jennifer@eurohorseimports.com

**THE SEMEN REQUEST FORM MUST BE COMPLETELY FILLED OUT
WITHOUT ERROR BY **9:00AM** THE DAY OF REQUESTED COLLECTION
AND SHIPMENT OF SEMEN, NO EXCEPTIONS.**