



Fresh, Cooled Semen Shipment Request:

Today's Date: _____

Requested Collection Date: _____

Stallion: _____

Registered Name of Mare: _____

Mare Owner: _____

Ship To Address:/ Vet Clinic: _____

Shipment Method: Greyhound West Jet Purolator FedEx Other

Tracking Number: _____

Expected Arrival Date and Time: _____

Payment Method: VISA Mastercard PayPal Cheque Other

Payment Must Be Received Prior to Shipping Semen

Special Instructions: _____

Equistar Vet Services

51511A Range Road 273 | Spruce Grove, AB | T7Y 1H3

Clinic: 780-963-1205 | Fax: 780-963-9946

www.equistarvet.com