

# Tower Lane Farm, LLC – Frozen Semen Request Form

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Mare Owner: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

Mares' Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Registration #: \_\_\_\_\_ Age: \_\_\_\_\_

Contact Person for Shipment: \_\_\_\_\_ Phone: \_\_\_\_\_

Shipping Address for Semen (No PO Boxes) : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Special Instructions: \_\_\_\_\_

Anticipated Shipping Date: \_\_\_\_\_

Veterinarian (handling/breeding): \_\_\_\_\_

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

Will the Vet be transferring the semen into a storage container? \_\_\_\_\_ YES \_\_\_\_\_ NO

Shipping:

Credit Card Account No. \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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## OFFICE USE ONLY

Fees paid/billing info:

- Handling Fee: Amount \$ \_\_\_\_\_ Received from: \_\_\_\_\_ Check # \_\_\_\_\_
- Tank Deposit Received \$ \_\_\_\_\_
- Actual Semen Ship Date \_\_\_\_\_ Tank Return Date \_\_\_\_\_

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Please make copy of this form for your use