



Quipolly Equine Centre  
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## FROZEN SEMEN REQUEST FORM

Stallion: \_\_\_\_\_ No of doses \_\_\_\_\_

Stallion Owner/Manager \_\_\_\_\_

Date required for insemination: \_\_\_\_\_

ADDRESS (where semen is to be shipped) \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Contact Person: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

M: \_\_\_\_\_ Email: \_\_\_\_\_

Mare's Name: \_\_\_\_\_

Mare Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

M: \_\_\_\_\_ Email: \_\_\_\_\_

### **METHOD OF PAYMENT**

#### **Payment Details:**

- Electronic Funds Transfer BSB: 062 594 A/C: 1012 8552
- Credit Card    € Mastercard    € Visa    € Bankcard

Card Holders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Expiry Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_