



Quipolly Equine Centre
Lowes Creek Road
Quirindi NSW 2343
F: 02 6746 2474
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SEMEN AUTHORISATION FORM

☐ Frozen ☐ Chilled ☐ Fresh

Owner of Stallion: _____

Stallion Name: _____

No of Straws: _____
(If Frozen Semen)

Semen sold to: _____

Name of Mare Owner: _____

Address: _____

Town: _____ State: _____ P/code _____

Contact details of mare owner:

Telephone: _____ Mobile: _____

Facsimile: _____ Email: _____

Stallion Owner/Agent Signature

PLEASE FAX FORM THROUGH TO QUIPOLLY EQUINE CENTRE 02 6746 2474
IMMEDIATELY WHEN SIGNED STALLION CONTRACT AND DEPOSIT HAS BEEN MADE.