



Topline Equine Veterinary Care | Dr. Jennifer Teigen | Dr. Lesley Szenay
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SEMEN REQUEST FORM

Notification Date: _____ Anticipated Shipping Date: _____

Client Name: _____

Address: _____

Phone Number: _____ Email: _____

Shipping Preference (Check one): UPS Fed-Ex Either

Can you receive Saturday Delivery: YES NO

FedEx/UPS Account #: _____

Billing address if different from above: _____

Mares Name: _____

Breed Registry: _____

Registration Number: _____

Stallion that you are breeding to: _____

NAME/SHIPPING ADDRESS OF VET/CONTACT PERSON TO WHERE SEMEN WILL BE SENT IF DIFFERENT THAN ABOVE:

Vet's name: _____ Phone Number: _____

Vet's Address: _____

Method of Payment: Check Credit card

Type of credit card: VISA MASTERCARD DISCOVER

Number: _____

Exp Date: _____

CVC Code: _____

Name on card: _____

Authorized to ship via airport if necessary, based on mare's vet: YES NO

Nearest Airport: _____