

OUTGOING CHILLED SEMEN ORDER FORM 2023/24

Please fill in required fields below. After filling in form email to vethospital@willinga.com.au

ORDER

STALLION REQUIRED: _____

DATE ORDERED: _____

DATE REQUIRED: _____

PERSON ORDERING SEMEN: _____

MARE NAME: _____

OWNER NAME: _____

ADDRESS: _____

TOWN: _____

PHONE: _____

STATE: _____

EMAIL: _____

If you require a quote, please email vethospital@willinga.com.au before emailing this order form. Please allow 24 hours for a quote to be given.

DELIVERY

VET NAME: _____

CLINIC: _____

EMAIL: _____

ADDRESS: _____

TOWN: _____

POSTCODE: _____

STATE: _____

PHONE: _____

COURIER DETAILS

TOLL/QANTAS: _____

OTHER: _____

Willinga Park will not be held responsible for any semen once it has departed. All related costs are the responsibility of the mare owner.

Please email this form before **5PM THE DAY BEFORE SHIPMENT** is required to vethospital@willinga.com.au

This form is to be used for semen departing Willinga Park to client's vet as listed above.

Freight shipping rates may vary depending on location and an extra charge could be applied.

PAYMENT FULL PAYMENT IS REQUIRED BEFORE SEMEN DEPARTS WILLINGA PARK

CARDHOLDER NAME: _____

CARD NUMBER: _____

EXPIRY DATE: _____

CARD TYPE: _____

CCV: _____

I have read all of the above details and agree to the terms and conditions listed above. Credit charges apply.

SIGNATURE: _____

Confirmation of semen dispatched will be forwarded to your email.