

Premier Breeding Services, LLC

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2012 Shipped Semen Information Sheet

Owner Information:

Name _____
Address _____
City, State, Zip Code _____
Phone (Home) _____ Phone (Work) _____
Cell Phone _____
Employer _____ Employer Phone _____
Emergency Contact (if owner cannot be reached) _____

Mare Information:

Registered Name _____ Nickname _____
Breed _____ Registration # _____
Age _____

Stallion to be bred to: _____

Breeding Facility/Veterinarian Information:

Name _____ Contact _____
Phone _____

Shipping Information for Fed Ex Overnight Weekday delivery:

Recipient Name _____ Phone _____
Street Address _____
City _____ State _____ ZIP Code _____
(Please list FED EX HOLD FOR PICKUP info if delivery not available.)

Shipping Information for Fed Ex Saturday delivery:

Recipient Name _____ Phone _____
Street Address _____
City _____ State _____ ZIP Code _____
(Please list FED EX HOLD FOR PICKUP info if delivery not available.)

Counter-To-Counter (Same day via air) Delivery Information:

Desired Airport (MUST HAVE DELTA AIRLINES OR SKYWEST SERVICE) _____

Owner's/Agent's signature _____

Please complete this form and return/fax to Premier Breeding Services at above address. Please notify PBS of any changes prior to shipment request. Thank you for choosing Premier Breeding Services, LLC for your equine breeding management needs. We look forward to working with you and your mare(s) this season and over the years to come!