



DEGRAFF STABLES SHIPPED SEMEN ORDER FORM
 FAX: 419.960.7173 AND CALL: 419.960.7447 Farm/419.341.9778 Melanie or 419.573.9098 Robin

STALLION NAME: _____

ALL REQUESTS FOR SEMEN MUST BE MADE 24 HOURS IN ADVANCE OF COLLECTION/SHIPPING DATE!

TODAY'S DATE:	DATE FOR SEMEN TO SHIP:
Date for Semen to Arrive:	Is This Your First Request for Semen? <input type="checkbox"/> YES <input type="checkbox"/> NO

ADVISE TYPE OF SERVICE REQUIRED FOR SEMEN SHIPMENT (Check One) - 4% CC Fee Applies:

Type of Service	Shipment Cost - Outside OH	Check One:
FedEx Standard Shipment	\$295	
FedEx Hold For Pick Up	\$295	
FedEx Saturday Delivery	\$320	
FedEx Canadian Shipment (Includes Canadian Fee, Stallion Health Certificate, Documentation & Disposable Container)	\$590	
Customer Pick Up At Farm	\$185	
Airline Same Day - CTC (Includes Courier)	\$395	

PERSON ORDERING SEMEN CONTACT INFORMATION:

Contact Person (Required Information):	
Phone (Required Information):	
Fax Shipping Confirmation Info:	
Email Shipping Confirmation Info:	

MARE INFORMATION (Required Information):

Mare Name:			
Association ID# of mare:	<input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC	2 nd Assoc. ID#	<input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC
Mare Owner or Lessee:			
Embryo Transfer:	<input type="checkbox"/> YES <input type="checkbox"/> NO Very Important! Please let us know if this shipment is for an embryo flush.		

SHIPPING INFORMATION - Please Check Box if Ship Info Is Already on File Yes If Not, Please Provide:

Address for Delivery of Shipped Semen:		Saturday Delivery Address (If Different):	
Facility(Req'd):		Facility:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Is This a Residential Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is This a Residential Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		*Do you want a signature release for shipments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		*Will allow Fed-Ex to deliver without a signer	
Closest Major Airport:		Airport 2nd Choice:	

A VALID CREDIT CARD MUST BE ON FILE - CREDIT CARD INFORMATION & AUTHORIZATION (4% Convenience Fee Applies):

Please Check Box if Credit Card Information is Already on File: <input type="checkbox"/> Yes If Not, Please Provide the Following Information:	
EXACT Name on Card:	
Card Billing Address:	
City, State & Zip:	
VISA or Master Card #:	
Expiration Date:	3 Digit Number on Back of Card:

DeGraff Stables, Inc., 2734 NE Catawba Road, Port Clinton, OH 43452

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