

at NEWCASTLE EQUESTRIAN CENTRE

2273 Pacific Highway, Heatherbrae NSW 2324, Australia Ph: +61 2 4987 4755 Fax: +61 2 4987 2192 E: info@ryanshorses.com.au

Ryans 2017 -2018 Chilled Semen Request Form

(to be sent to Ryans 7-14 days prior to estimated ovulation date)

Mare Name:				
Stallion Name:				
Estimated date semen requested a minimum 24hrs notice to collemay incur extra charges.	otice for requiring semen	n must be given by 12 r	noon day prior to ovulation, v	we
Collection Fee \$330.00 incl Heatherbrae NSW.	uding transport or	\$110.00 for picku	p from Ryans at	
☐ Collection Fee \$330.00 paid on date by Direct Deposit / Cheque				
☐ Service Fee purchased as	part of a Ryans Bı	reeding Package	YES / NO	
If answered "No" to the above question th	en please complete the follo	owing:		
☐ Service Fee paid on date				
☐ Contract signed & sent of	n date	by post / fax /	email	
Owner/Agent Details Name:				
Phone:	Mobile:		Fax:	
Postal Address:				
Email Address:				
Delivery/Pick Up Details Name:				
Phone:	Mobile	:		
Preferred Delivery Address:				
The Collection Fee includes the fitransport costs may be incurred for Office Use Only Date this form received:	or deliveries on Saturda			
☐ Service Fee received on date _		ct Denosit / Cheque	/ Other	
☐ Collection Fee received on date				
☐ Contract received on date	_	-Frank ened		
Date semen sent				
Method of Transport:				()
Date of mare PPT				[]
Other notes:				\ /
H & R Rvan Ptv Ltd. ABN: 49 074 460 8				