



Semen Order

Please send your mail or fax to the service station your mare is/should be registered with.

Stallion _____

Owner resp. purchaser

Name, first name _____

Street _____

ZIP-code, city _____

Telephone no. _____ Fax no. _____

Email _____

Breed society to be informed about the mating _____

Traces-Number _____

Mare

Name _____ Registration no. _____

Sire of the mare _____

Owner _____

- First insemination Follow-up insemination Not conceived
Barren mare from last year yes, by stallion _____ no

User of the semen

 Vet Insemination station Own-stock insemination

Name _____

Street _____

ZIP-code, city _____

Telephone no. _____

Email _____

Delivery to

 Owner Vet or _____

Name _____

Street _____

ZIP-code, city _____

Telephone no. _____

Email _____

The semen

required on _____

- to be sent via night express (arrival until 8.00 am the next working day)
 to be collected

Yes, I have read the General Terms and Conditions, and I accept them.

Signature applicant

Do you have a question?
Do not hesitate to contact us under
00 49 (0) 51 41 – 92 94 14.