



Fresh, Cooled Semen Shipment Request:

Today's Date: _____

Requested Collection Date: _____

Stallion: _____

Registered Name of Mare: _____

Mare Owner: _____

Ship To Address:/ Vet Clinic: _____

Shipment Method: Greyhound West Jet Purolator FedEx Other

Tracking Number: _____

Expected Arrival Date and Time: _____

Payment Method: VISA Mastercard PayPal Cheque Other _____

Payment Must Be Received Prior to Shipping Semen

Special Instructions: _____

West Wind Veterinary Hospital

51136 Range Road 212

Sherwood Park, Alberta T8G 1E7

Clinic: 780-662-0112 Fax: 780-662-0110

www.westwindvet.com