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 Newtown
 Powys
 SY16 3AU
 Tel ☎ 01686 630 789
 Mob: 07966 151 512
 Fax: 01686 630 456
 Email: info@powersporthorses.co.uk

Order Form

Frozen Semen

Stallions Name: _____

Mare Owner Details

Name: _____
 Address: _____

 City: _____
 Province: _____
 Postcode: _____
 Telephone (Day): _____
 Telephone (Evening): _____
 Mobile: _____
 Email: _____

Mare Details

| | | | |
|---------------|--------|------------------------|-------|
| Passport No. | _____ | StudBook: | _____ |
| Date of Birth | _____ | Colour: | _____ |
| Sire of Mare: | _____ | Dam of Mare: | _____ |
| Damsire: | _____ | Approx. Hight of Mare: | _____ |
| In foal? | No/Yes | If yes, Date due: | _____ |

Previous Breeding and Competition History. Attach Page if required.

Delivery Address for Semen (Veterinary AI Centre):

Contact Name: _____
 Practice Name: _____
 Address: _____

 _____ Postcode: _____
 Tel ☎ _____
 Mob. _____
 Fax: _____
 Date required: _____

Please Note: Only dispatched Monday to Friday, if Saturday delivery is needed then this will incur extra cost. Flasks are to be returned immediately with carriers, if extra rental is required on flask this can be arranged at £50 per month (minimum period of one month).

NO SEMEN WILL BE DISPATCHED WITHOUT PRIOR PAYMENT.

We accept cheques, direct transfer and most credit/debit cards.

| | | |
|--|---------------------------------|-------------------------------|
| Payment Enclosed: | Cheque <input type="checkbox"/> | Card <input type="checkbox"/> |
| Card Number: _____ | Issue No. (Switch) _____ | _____ |
| Card Type: _____ | Expiry Date: _____ | _____ |
| Name & address of credit card holder if not the same as Mare owner | | |
| _____ | | |
| _____ | | |
| Signature of card holder: _____ | | |

I/We understand and accept the terms of sale.

Signature: _____ Owner/Agent
 Print Name: _____ Date: _____