

Semen Order Form Holsteiner Verband Hengsthaltungs GmbH Fax: +49- (0) 4121- 807728

desired stallion _____

ordering party/ mare owner _____

Holsteiner Verband membership: no yes membership number: _____

name, first name _____

adress _____

adress _____

post code _____

country _____

phone (mobile + landline) _____

email _____

mare _____

breed registry _____

name + life no. _____

born on _____

sire + life no. _____

damsire + life no. _____

first insemination follow-up insemination new heat cycle barren previous year: yes no

Embryo Transfer yes no

stud fee I _____ foal will be registered in the Holsteiner Verband

stud fee II _____ owner is no Holsteiner Verband member or mare is not eligible for the Holsteiner Verband breeding programme.

insemination vet / insemination technician _____

name _____

adress _____

postcode, adress _____

phone no.; email _____

semen to be delivery to owner vet other: _____

name _____

adress _____

postcode, adress _____

phone no.; email _____

semen required on (date) _____

please tick the appropriate box:

next day delivery before 9.00 am delivery service (higher charges for Sunday delivery;
no shipping of semen on Sunday, no Monday delivery)

container will be collected

other arrangement according to prior agreement, please call: + 49 (0)4121-92414

For terms, conditions, and options for billing please see the current Stallion Directory or visit our website www.holsteiner-verband.de

date, signature _____

Please make sure your transmission report confirms your fax has actually been sent.