



The highest standard in equine practice for the horses whose care is entrusted to us

Appointments: Mon-Fri 8am-5pm Ph: (02) 63414010 Emergencies 24/7
office@ptfequineclinic.com.au www.ptfequineclinic.com.au

Chilled Semen Request Form

*** Semen orders must be received by 5pm the day before the collection***

- Request forms must be received via email (office@ptfequineclinic.com.au) or fax (0263414150).
- Please call the clinic on (02)63414010 to **confirm your order**. Weekend or Monday collections require confirmation with the after-hours veterinarian.
- Collections are available 7 days per week, however **afterhours fees** will apply for **Saturday/Sunday** collections
- Friday, Saturday or Sunday collections **MUST** be collected in person from the clinic or be sent via Qantas Freight.

STALLION: _____ **Collection Date:** _____ / _____ / _____

Delivery Method: *Semen collection fee of \$225 plus delivery (NB: Weekend collections incur an additional \$176)

- Qantas Freight- Priority \$350** (next flight guarantee) Delivery Airport: _____
- Qantas Freight- Fresh \$210** (24hr guarantee) Delivery Airport: _____
- Toll Priority- Overnight \$95** (MONDAY TO THURSDAY ONLY)* **NB:** remote locations, additional Toll charges may apply.
- Pick Up From Clinic** **Other:** _____

Delivery Address

Veterinary Name/Clinic: _____ Ph: _____

Contact Person: _____ Ph: _____

Delivery Address: _____

Mare Name: _____

Client Name: _____ **Phone:** _____ **Email:** _____

Client Address: _____

Whilst all care is taken to ensure that chilled semen arrives in optimal condition, PTFEC takes no responsibility and will not be held responsible for any loss or damage etc to the semen or the shipper once the semen has been dispatched.

PAYMENT MUST BE MADE IN FULL TO PTFEC BEFORE SEMEN WILL BE SHIPPED

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|---|---|
| <u>Payment Details</u> | |
| EFT to: Pepper Tree Farm Equine Clinic (NAB) BSB: 082-534 A/C: 24-752-6194 | |
| Credit Card | Visa MasterCard (please circle) |
| Name on Card: _____ | |
| Card Number: _____ Exp: _____ | |
| CCV #: _____ | Signature (card holder): _____ |

| | |
|-------------------------------------|------------------|
| OFFICE: Dispatch Date: _____ | Shipper #: _____ |
| Freight Company: _____ | Con Note: _____ |