



## Shipped Semen Transportation Information

Mares Name: \_\_\_\_\_

Address to be shipped to:

Name: \_\_\_\_\_

Street Address (no PO Box) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Veterinarian Information:

Vet Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Closest Major Airport Name & City

\_\_\_\_\_

Mare Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Owners: *Gonya Enterprises Inc. (Paul & Christina)* • Ranch Manager: *Milt Alderman* • Office Manager: *Brenda Coggins*