

RECIPIENT HIRE REQUEST 2017

Owner of Donor Mare :

Address:

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Tel No: Mobile No:

Email:

Referring Veterinary Surgeon:

Address:

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Tel No: Mobile No:

Email:

Name of Donor Mare:

Breed: Height: Age:

Name of Stallion:

Natural Cover or AI : For AI, type of semen (frozen/chilled/fresh):

Number of recipients if using own: Age(s): Barren Maiden

I have read and understood the 'Embryo Transfer Charges 2017' and 'General Terms & Conditions 2017', and agree to them. I agree to pay all accounts, in full *prior* to the removal of any mare(s).

Donor Mare Owner signature: Date:

Please return by post, email or fax to Twemlows Stud Farm