

RECIPIENT HIRE REQUEST 2017

Owner of Donor Mare :

Address:

.....

.....

Tel No: Mobile No:

Email:

Referring Veterinary Surgeon:

Address:

.....

.....

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 at home (if any):

Donor Mare Owner signature: Date:

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