

**RECIPIENT HIRE REQUEST 2018**

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 at home (if any): .....

Donor Mare Owner signature: ..... Date: .....

**Please return by post, email or fax to Twemlows Stud Farm BEFORE commencing breeding**