

RECIPIENT HIRE REQUEST 2018

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):

I have read and understood the “Embryo Transfer Charges 2018” and “General Terms & Conditions 2018” and agree to them. I agree to pay all accounts, in full *prior* to the removal of any mare(s) from Twemlows Stud Farm.

Donor Mare Owner signature: Date:

It may be necessary to pass your details on to our retained veterinary practice/equine dentist, please tick here if you are happy for us to do so

The Stud may send out information about its services via SMS/email/post, please tick here if you wish to receive this information

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