

**RECIPIENT HIRE REQUEST FORM 2020**

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 2020” and “General Terms & Conditions 2020” 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 do not wish us to do so

The Stud may send out information about its services via SMS/email/post, please tick here if you do not wish to receive this information

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