



WILD TURKEY FARM LLC

29030 SW Town Center

Loop E, Suite 202 #533

Wilsonville, OR 97070

Fax 503 610 7079 Cell 650 303 6747

FROZEN SEMEN REQUEST/SHIPPING FORM

MARE NAME: _____

STALLION: _____

MARE OWNER: _____

PHONE: _____

EMAIL: _____

Number of Insemination Doses Requested: _____

SHIPPING METHOD (check which applies): Counter to Counter FedEx Pick Up

SHIP TO (Contact Person): _____

ADDRESS (no P.O. Boxes): _____

AIRPORT _____ ALTERNATE AIRPORT _____

VETERINARIAN: _____

VETERINARIAN PHONE: _____ VETERINARIAN EMAIL: _____

Will the Vet be transferring the semen into a storage container? Yes No

ALL USED OR UNUSED STRAWS MUST BE RETURNED TO WILD TURKEY FARM

SPECIAL REQUESTS OR NOTES:

WT OFFICE USE ONLY

DATE SHIPPED: _____ NO: _____