



## Select Breeders Service, Inc.

Phone (410) 885-3202 Fax (410) 885-3206

[info@selectbreeders.com](mailto:info@selectbreeders.com)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Total:</b> _____             | <input type="checkbox"/> Rush Fee \$88 (DB537)                |
| <input type="checkbox"/> PON Dist. \$410 (DB521)         | <input type="checkbox"/> Add. Stallions \$46 (DB529)          |
| <input type="checkbox"/> PON Sat. Delivery \$425 (DB522) | <input type="checkbox"/> Add. Mare Owner \$46 (DB552)         |
| <input type="checkbox"/> 2-day delivery \$380 (DB520)    | <input type="checkbox"/> Additional doses 21-100 \$52 (DB530) |
| <input type="checkbox"/> Canadian \$680 (DB523/DB525)    | <input type="checkbox"/> Client pick up \$155 (DB533)         |
|  | <input type="checkbox"/> Other: _____                         |

### **FROZEN SEMEN SHIPMENT REQUEST FORM**

Requests received by 1pm EST will be shipped the same day.

**Requests received after 1pm to ship the same day will incur a \$88 Rush Fee and will only be accommodated when possible.**

#### **FOR OFFICE USE ONLY**

- |  |                                  |                              |                           |
|--|----------------------------------|------------------------------|---------------------------|
| <input type="checkbox"/> CC Processed        | Amt. Charged: _____              | Date Charged: _____          | Authorization Code: _____ |
| Date & Time Call Received: _____             |                                  | Call Received By: _____      | Name of Caller: _____     |
| FedEx TRK # Out: _____                       |                                  | FedEx TRK # In: _____        | Tank #: _____             |
| <input type="checkbox"/> E-mail Confirmation | <input type="checkbox"/> Website | Stallion Owner E-mail: _____ |                           |

Mare Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail  
Address: \_\_\_\_\_

**IMPORTANT: YOUR E-MAIL ADDRESS WILL BE USED TO  
SEND A FEDEX TRACKING NUMBER FOR MANAGING YOUR  
SHIPMENT.**

Stallion: \_\_\_\_\_

Stallion Owner: \_\_\_\_\_

Ship To: \_\_\_\_\_

Address: \_\_\_\_\_

(No  
P.O. Boxes)

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Anticipated Shipping Date: \_\_\_\_\_

Priority Overnight (\$410) ☐

2-Day (\$380) ☐

**IMPORTANT: DIRECT SIGNATURE WILL BE REQUIRED UPON FEDEX DELIVERY**

**PLEASE NOTE: DISTRIBUTION CHARGES WILL BE APPLIED TO YOUR CREDIT CARD PRIOR  
TO THE SHIPMENT LEAVING SBS. WE MUST HAVE A VALID CREDIT CARD TO SHIP ON THE  
DAY YOU REQUEST.**

Credit Card VISA ☐ MC ☐

Name on Card \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing address same as shipping: ☐

Billing  
Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred method of  
packing straws?

☐ Goblets ☐ Canes

Mare Name: \_\_\_\_\_

Birth Year: \_\_\_\_\_

Breed: \_\_\_\_\_

Registration #: \_\_\_\_\_

Current Status: \_\_\_\_\_

(Maiden, Foaled, Barren, Not Bred)

# Doses: \_\_\_\_\_

☐ Canadian

☐ Canadian-Rebreed