



Rebreed Form

Original Contract Year/ Original Mare: _____

Mare Name: _____

Breed Registration #: _____

Registered Owner: _____

Address 1: _____

Address 2: _____

City: _____

Country, Zip Code: _____

Phone: _____

Email: _____

A rebreed fee of \$750.00 US will apply to this breeding which includes 2 doses (16 straws) of frozen semen.

A copy of the registration papers must accompany this form if you are switching mares from the original contract.

All fees must be paid in advance before semen is shipped.

BILLING ADDRESS OF MARE OWNER

Full Name: _____

Street Address: _____

City/Zip Code: _____

Country: _____

Telephone Number: _____

Email Address: _____

SHIPPING ADDRESS (APPROVED CLINIC FOR INSEMINATION WITH FROZEN SEMEN)

Name of Clinic: _____

Address: _____

City/Zip: _____

Country: _____

Phone Number: _____

CREDIT CARD INFORMATION

Full Name: _____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____