



*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.

www.VSCODEBLUE.COM

BREEDING MANAGER : JIM SEARLES (602) 549-7332

ASSISTANT BREEDING MANAGER: MIKE AUGUSTYN (480) 634-3447

INFO@VSCODEBLUE.COM

6638 E. Jomax Rd. Scottsdale, Arizona 85266

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