

**Shipped Semen Information**  
**\*\* (No shipment reservations by E-Mail please.) \*\***

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mare's Name: \_\_\_\_\_ Registration: \_\_\_\_\_  
Registered Owner's Name: \_\_\_\_\_  
*(If different from Client name above)*

Stallion's Name: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Prior to shipment: Please contact Fossil Gate Farms at one of the number above.

**Please be sure to return two copies of contract AND a copy of the mare's papers.**

**STUD FEE AND ALL OTHER FEES MUST BE PAID PRIOR TO FIRST SHIPMENT.**

**SATURDAY DELIVERY SHIPMENTS:**

Please contact FedEx at 1-800-238-5355 or 1.800.463.3339 and verify if the receiving address has Saturday Delivery as most locations do not. If your receiving address does not, please locate the nearest Saturday Hold Location or alternate address you would like to use. Please note that Saturday deliveries are only via FedEx Express shipments, not FedEx Ground.

**Saturday Delivery Address:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Is this a hold address?  Yes  No

**Shipping Information:**

Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Closest Airport: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2nd Closest Airport: \_\_\_\_\_

**Payment Information:**

All payments may be made by Check, Visa, MasterCard, or American Express and all funds must be US. If paying by check, leave credit card information blank. There will be 3% fee added for using a credit card. Cash will only be accepted if picking up semen at the farm.

Check (Check amount \$ \_\_\_\_\_, Check # \_\_\_\_\_)

Credit Card Information:

Visa  MasterCard  American Express

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Exp. Date: \_\_\_\_\_/\_\_\_\_\_

Security Code (CVV): \_\_\_\_\_ *(3 digits on back, AMEX 4 digits on front)*

Cardholder's Billing Address: \_\_\_\_\_

City/ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_