

ROCKY BAY
MARE INFORMATION FOR SHIPPED SEMEN

Owner: _____

Address: _____

Telephone: home _____ Cell _____

Credit Card information _____

Please include the type of credit card, expiration date and the 3 digit security code from the back of the card on the signature line.

Shipping address: name: _____

address: _____

Fedex Hold for Pickup: _____

address: _____

Mare's name: _____

Breed: _____ Registration number: _____

Year of birth: _____ Color: _____

Number of foals mare has had: _____ Date last foaled: _____

Breeding history (years of breeding, times covered, problems, etc.-attach to this from):

Stallion Breeding to: _____

Veterinarian _____

Address: _____

Telephone: _____

Desired breeding time: _____

*Please fill out this form and mail or fax back to Rocky Bay Equine at least 2 weeks prior to desired collection. Address: Rocky Bay Equine, PO Box 452 Vaughn, WA 98394.
Call for fax number - Phone: (253) 858-4529.