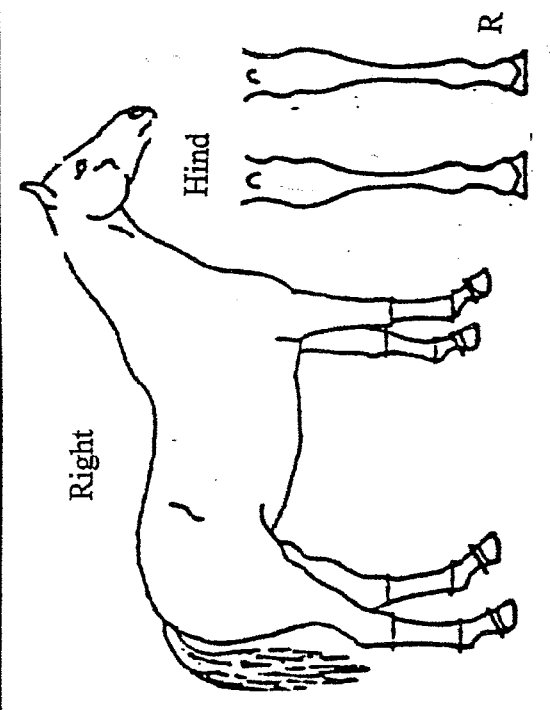
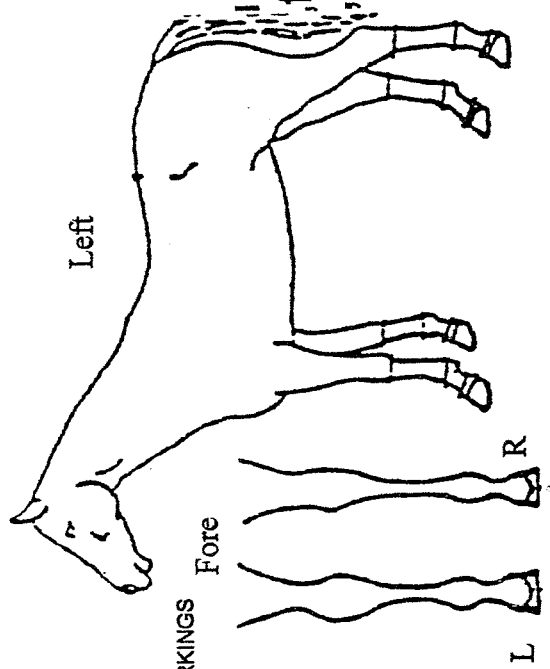
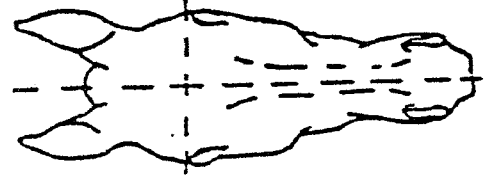


2004

THIS FORM MUST BE ON FILE PRIOR TO SHIPMENT

Registry of Mare Approval: _____
Registry for Stallion Certificate: _____



name: _____ D.O.B. _____ Color: _____ Mare Registration: Registry: _____ # _____

m: _____ registry: _____ # _____ sire: _____ # _____

Owner or Leasee (circle one)

Ship Semen to this address

Name: _____
Address: _____
Phone: _____
Fax: _____

Name/Facility: _____
Address: _____
Phone: _____
Fax: _____

Veterinarian
Name: _____
Address: _____
Phone: _____ Fax: _____

CREDIT CARD NAME/NUMBER: _____

SIGNATURE: _____ EXP DATE: _____
(NEEDED FOR ADDITIONAL COLLECTIONS/AIRLINE SHIPMENTS)

Greengate
Stallion Service &
Blood Stock Sales

