



JEFFREY & LEE ANN HALL
 3988 WIDE BAY HWY
 KILKIVAN QLD 4600
 Ph 0437 044116 / 0412 136096

TRANSPORTED FROZEN SEMEN REQUEST

PAYMENT MUST BE MADE IN FULL PRIOR TO SEMEN BEING SHIPPED
AT LEAST 5 DAYS NOTICE MUST BE GIVEN PRIOR TO SHIPMENT DATE

Please telephone all orders through to Lee Ann 0412 136096 or Jeffrey 0437 044116 and forward this form by email to equinetics@outlook.com

Stallion _____
 No. of doses _____ Date required for insemination _____
 Person ordering semen _____ Phone _____
 Mares name _____ Regn # (if known) _____
 Owners name _____
 Mare owners address _____
 Contact phone number _____ Email _____
 Business Name, Address & email where semen is to be shipped to _____
 _____ P/code _____ Email _____
 Closest Airport (if Airport to Airport is required) _____
 Vet / Inseminators name _____ Ph: _____
 Special delivery instructions (if any) _____

SHIPPING DETAILS: EquiNetics generally uses Toll Priority or TNT to deliver frozen semen. Please allow up to 7 business days for delivery. Should you wish to use your own courier, EquiNetics will advise when semen will be ready, so you can organise to collect it. Please tick below the freight option you have chosen.

- TNT Express / Toll Priority Own Courier Airport to Airport

Costs –

| | |
|---------------------|--|
| Courier / Freight | \$TBA |
| Release fee | \$50.00 |
| Liquid nitrogen fee | \$65.00 (unless a charged shipper is supplied) |
| Shipper hire | \$75.00 |

When returning shipper - Sender is responsible for loss or damage. If shipper is not returned within 10 working days of despatch an additional \$10 per day hire fee will apply. If return freight has not been booked by EquiNetics, Australia Post is a suitable method of return. By signing this form I acknowledge that EquiNetics is only responsible for the despatch of goods and cannot be held liable for freight times or the handling of freight.

..... / /
 Signature Date

PAYMENT DETAILS – EFT can be made to BSB 062-676 AC 1023-9476 (J & L Hall t/as EquiNetics)

Credit Card – Name on Card _____ M/card – Visa (please circle)
 Card # _____ / _____ / _____ / _____ Exp _____ / _____ CCV _____
 Cardholder signature _____ Date _____ Credit card payments attract a 3% merchant fee

Office Use Shipper # _____ Straw Colour _____
 No of doses _____ Straws per dose _____ Total # of straws despatched _____
 Despatch Date ____ / ____ / ____ Con Note # _____ Carrier _____