



Client Information Sheet

MARE INFORMATION

Registered Name: _____ Nickname: _____
Breed: _____ Registration number: _____ Birthdate: _____
Sire: _____ Dam: _____ Dam's Sire: _____
Date of Uterine Culture (unless currently pregnant or never bred) _____
Mare notes (provide if she has any reproductive issues we should know about): _____

OWNER INFORMATION

Name: _____ Farm Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone numbers: Home _____ Cell _____ Work _____
Fax: _____ Email: _____ Best way to contact: _____

SHIPPING INFORMATION

Name of person shipping to _____
Address: _____
City: _____ State: _____ Zip: _____
Phone numbers: Home _____ Cell _____ Work _____
Email: _____ @ _____

ADDRESS OF FEDEX STATION FOR SATURDAY DELIVERY OR HOLD FOR PICK UP

Address: _____
City: _____ State: _____ Zip: _____
Preferred airport for same day shipping if needed: _____

VETERINARIAN INFORMATION

Name: _____ Clinic Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone numbers: Home _____ Cell _____ Work _____
Fax: _____ Email: _____ Best way to contact: _____

IMPORTANT – PLEASE VERIFY IF FEDEX WILL DELIVER TO YOUR SHIPPING ADDRESS ON SATURDAYS. IF NOT PROVIDE AN ALTERNATIVE ADDRESS FOR SATURDAY DELIVERY OR A FEDEX STATION WHERE YOU CAN PICK THE SHIPMENT UP