

Rebreed Form ~ Stallions: Potential Investment & Potential Asset ~ Information Sheet

Mare Rebreed Information

Rebreed From	Breeding Season.	Stallion:
Owner/Agent Name:		
Reason for Rebreed - Check one:	<input type="checkbox"/> Rebreed for Live Foal Guarantee	<input type="checkbox"/> Rebreed for Color Guarantee
Mare Breeding Option - Check One:	<input type="checkbox"/> Mare to be bred via Shipped Cooled Semen	<input type="checkbox"/> Mare to be Bred on Farm at SHQH
Owners Statement - Reason for Rebreed: (<input type="checkbox"/> Attach Vet Cert for LFG, SHQH Option):		
Check one: Mare is a Substitute: <input type="checkbox"/> yes <input type="checkbox"/> no If yes; Name of Original Mare Bred:		
Mare Status - Mare is: <input type="checkbox"/> Maiden <input type="checkbox"/> Open for this season <input type="checkbox"/> Expecting -or- has had a foal this season		
Maiden/Open Mares Require Neg. Culture & Cytology within 30 days: <input type="checkbox"/> Diagnostics Enclosed <input type="checkbox"/> Diagnostics to be Provided		
Mare will be bred for Embryo Transfer: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Quantity Embryos Desired: and, Will Mare Also Carry Foal <input type="checkbox"/> No <input type="checkbox"/> Yes		

Mare Information

Mare Name:		
Association ID# of Mare:	<input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC: 2nd Assoc. ID#	<input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC
Mare Owner or Lessee:		
Association ID# of Owner:	<input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC: 2nd Assoc. ID#	<input type="checkbox"/> AQHA <input type="checkbox"/> APHA <input type="checkbox"/> ApHC

Mare Owner/Lessee Information

Billing Name:		
Billing Address:		
City, State/Province, Zip:		
Daytime Phone:		Evening Phone:
Fax Number:		Cell Phone:

Credit Card Information & Authorization

EXACT Name on Card:	
Card Billing Address is: <input type="checkbox"/> Same as Above OR Address:	
City, State & Zip:	
Visa or MasterCard #:	
Expiration Date:	3 Digit Number on Back of Card:

Fees and Discounts For Rebreed

\$	Rebreed Fee for Live Foal Guarantee - Includes First Collection
\$	Rebreed Fee for Color Guarantee - If Applies
\$	Other Fees:
\$	Discounts per SHQH:
\$	3% Credit Card Convenience Fee for Visa/MC Payments
\$	Total Breeding Fee ~ Yes, Please Charge My Credit Card ~ Shipping Fees Not Included!
\$	Total Breeding Fee ~ I will Pay by Check ~ Shipping Fees Not Included!

For Breeding Via Shipped Semen:

Address for Delivery of Shipped Semen:	Saturday Delivery Address (If Different):
Facility:	Facility:
Address:	Address:
City, State, Zip:	City, State, Zip:
Is This a Residential Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is This a Residential Address: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Approximate Date of First Shipment -or- Mare Arrival Date at Farm:	*Allow Signature Release for Shipments?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Will allow Fed-Ex to deliver without a signer.)</i>
Contact:	Alt Contact:
Contact Phone:	Alt Contact Phone:
Contact Cell:	Alt Contact Fax:
Contact Fax:	Alt Cell:
Closest Airport:	Airport 2nd Choice:

Note: Please be sure to send a copy of Mare's current registration papers with this form.

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