

APPROVAL CODE _____ DATE _____

B.W. FURLONG AND ASSOCIATES
101 HOMESTEAD RD.
P.O. BOX 16
OLDWICK, NJ 08858
Phone (908) 439-2821
Fax (908) 439-2691

FAX REQUEST FOR SEMEN SHIPMENT

STALLION: _____

Today's Date: _____ Date Needed: _____

Requesting: Overnight Week Day Delivery First AM Standard

Overnight Saturday Delivery

Air-net Semen Courier Service (charges per shipment TBD)

Pick-Up at B.W. Furlong & Associates, (Time _____)

Re-Breed from prior year First shipment Second shipment Other

Mare's Name: _____

Mare Owner: _____

Address: _____

_____, State _____, Zip _____

Phone No. _____

Shipping TO Address: _____

City _____ State _____ Zip _____

Phone No. _____

Credit Card Number: _____ CVV _____ Exp _____

(A credit card must be given for collection charges, per dose fees, shipping and incidentals, there will be no shipments until payments are secured)

Signature of Credit Card Holder _____

Fedex Acct. # _____ - _____ - _____

(Alt. Shipping method if desired)

For Office Use Only:

Semen Shipped On: _____ 20_____

Fed Ex Tracking No. _____

Straws Shipped _____