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### 2018 MARE OWNER INFORMATION SHEET

**\*\*RETURN THIS FORM WITH BREEDING CONTRACT and COPY OF REGISTRATION PAPERS\*\***

**NAME OF MARE:** \_\_\_\_\_ **STALLION CHOICE:** \_\_\_\_\_

**Carry (y/n):** \_\_\_\_\_ **Embryo Transfer (y/n):** \_\_\_\_\_ **Frozen Embryo (y/n):** \_\_\_\_\_

#### MARE OWNER INFORMATION:

Name of Owner: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Insurance Company (if applicable): \_\_\_\_\_ Phone#: \_\_\_\_\_

#### VETERINARIAN INFORMATION (for shipped semen)

Veterinarian Name: \_\_\_\_\_

Veterinarian Clinic: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

**NEAREST MAJOR AIRPORT:** \_\_\_\_\_

#### CREDIT CARD INFORMATION (A VALID Credit Card MUST be on file with BVSS prior to first shipment!)

**VISA, MASTERCARD, DISCOVER ACCEPTED**  
**THERE IS A 3% PROCESSING FEE FOR CREDIT CARD PAYMENT AND**  
**AMEX ACCEPTED WITH A 4.5% PROCESSING FEE**

Credit Card Type: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date (MO/YR): \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature Authorization: \_\_\_\_\_ Date: \_\_\_\_\_