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2019 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): _____ ISCI (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: _____