

Jennifer Sheriff 1129 Cerro Gordo St. Sheffield, IA 50475

Office: 641-530-1377 Fax: 641-892-4499 Email: info@sheriffstockfarm.com

2017 SHIPPED SEMEN Agreement

- 1. <u>SEMEN COLLECTION/SHIPPING DAYS</u> are Mon/Wed/Fri/. MWF collections will be sent via Fed Ex overnight. Please be sure to complete this form and return to Sheriff. It is a good idea to keep a copy for your own reference.
- 2. **REQUESTS FOR SHIPMENTS** must be made, by phone, to Sheriff Stock Farm no later than 8:00 am CST on collection/shipping days. When possible, please notify Sheriff Stock Farm of your mare's reproductive status so that a shipment date may be anticipated and then follow up with the final order. Requests will be honored in order of receipt.
- 3. **PAYMENT** arrangements must be completed *prior* to shipment of semen. Major credit cards are accepted. Shipments will be billed at the rate of \$300.00 per shipment/per mare for overnight weekday delivery.
- 4. <u>CONTAINER RETURN</u> is required within 48 hrs after insemination to avoid late fees. Please DO NOT return the units via US Mail. Fed Ex and UPS are preferred. Equitainers not returned to Sheriff will incur a \$300.00 replacement charge. Styrofoam shipping containers not returned will incur a \$30.00 charge.
- 5. <u>PLEASE NOTIFY</u> Sheriff Stock Farm of the result of your mare's pregnancy check. We recommend the first check no later than 14 days after ovulation. This will allow enough time for your breeding manager to prepare your mare for another cycle's breeding if she's not in foal.

Payment Information

Please furnish the following information if you wish to pay for your orders with your credit card. Return this form

signed and fees to the stallion owner. Fax or email is accepted and retain a copy for your own records. I, ______, authorize Sheriff Stock Farm/ Iowa State University charge shipping fees to my: ()Visa ()MasterCard ()Discover (check one) Card Number: __ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Security Code: __ _ _ _ Expiration Date: ____/___ Name on Card (please print): Card Holder's Signature: _____ Date: _____ **Shipping Information** Mare Owner Information: (Please provide a copy of mares papers) Name Address City, State, Zip Code_____ Phone (Home)_____Cell Phone____ Mare's Name______Breed_____Registration#_____ Stallion to be bred to: MR BLACK ICE _____Approximate Breeding Month_____ **Ship Semen To:** Name Address City, State, Zip Code_____

(Clinic or Ranch Name) Contact Phone