



Semen Evaluation Request

Please include with Shipment
Both pages must be received for evaluation

* Denotes required information

For Office Use Only: Invoice Number _____

- YOU MUST CALL TO SCHEDULE AN EVALUATION PRIOR TO SHIPPING THE SAMPLE.
- Credit card information or check for \$75 must be enclosed with shipment.
- We only will evaluate samples shipped in an Equitainer I or Equitainer II.
- Return shipping is by UPS Ground. If you request an alternate return shipping method, additional charges will apply.
- Please call 978-468-4460 for shipping instructions.

| Customer Information | |
|---|---|
| *Contact Name | <input type="checkbox"/> Owner <input type="checkbox"/> Agent |
| Business Name | |
| *Billing Address | |
| | |
| | |
| *Return Shipping Address Must be a Street Address (if different from billing) | |
| | |
| | |
| *Phone | |
| Fax | |
| E-mail | |

| Billing Information | |
|---------------------|---|
| *Payment Type | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Check Enclosed |
| Credit Card # | Security Code: |
| Name on Card | |
| Expiration Date | Month: Year: |

It is recommended that the stallion be collected at least once within 24 - 72 hours prior to collecting sample for evaluation.

| Stallion Information | | | |
|----------------------|--|--------|--|
| Name | | Age | |
| Breed | | Reg. # | |
| Color/Markings | | | |

| Collection Information | | | |
|------------------------|--|---------------------|--|
| Collection Date | | Collection Time | Time Zone: _____ |
| AV Type | | Liner Type | <input type="checkbox"/> Latex <input type="checkbox"/> Disposable |
| # of Mounts | | Date Last Collected | |

| Sample Information | | | |
|------------------------------------|--|-----------------------|------------------------|
| Gel-free Volume | ml | Initial Concentration | M/ml |
| Concentration Determination Method | <input type="checkbox"/> HRI CounterPoint <input type="checkbox"/> Spectrophotometer <input type="checkbox"/> Hemocytometer <input type="checkbox"/> Densimeter <input type="checkbox"/> Spermacue <input type="checkbox"/> Other _____ | | |
| Dilution Ration | 1 part semen to _____ parts extender | | |
| Extender Used | | Source | |
| Antibiotic Used | | Dose | |
| Initial Motility Estimates | Overall Motility | % | Progressive Motility % |

| Comments | |
|-----------------------------|--|
| Reason for Evaluation, etc. | |

By signing this form I attest that the semen sent for evaluation is from the stallion specified on this Semen Evaluation Request form.

Signature: _____ Licensed Veterinarian Agent

Print Name: _____

Date: _____