



740 CR 163  
Gainesville, Tx. 76240  
940-391-7620 (Carlton)

Thank you for choosing Red River Reproduction Center. We look forward to working with you this breeding season! Please complete this form to help us better serve your needs when it comes time to ship.

Return this form with breeding contract and copy of the registration papers to drkhris@hotmail.com

Breeding Season: February 13<sup>th</sup>, 2023 through June 16<sup>th</sup>, 2023

Collection Days: Monday, Wednesday and Friday

MARE OWNER INFORMATION:

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

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

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

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

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

*(ALL BILLING SENT VIA EMAIL- PLEASE CHECK YOUR SPAM)*

CONTACT RESPONSIBLE FOR RECEIVING SHIPMENT (FEDEX):

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

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

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

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

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

Email Address: \_\_\_\_\_

Does This Location Accept Saturday Deliveries? Yes No\*

\*If Not, Please Be Prepared To Have Alternate Location Available\*

COUNTER TO COUNTER SHIPMENTS:

Nearest Major Airport: \_\_\_\_\_

Alternate Airport: \_\_\_\_\_

CREDIT CARD INFORMATION (A Valid Card Must Be On File Prior To Any Shipments)

We Accept Mastercard, Visa, Discover & American Express

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

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

Name On Card: \_\_\_\_\_

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

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

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

Do you authorize RRRC to use this credit card for the Breeding Fee?

(Please Initial) Yes \_\_\_\_\_ No, I will send a check \_\_\_\_\_

Do you authorize RRRC to use this credit card for future shipping charges (If Necessary)?

(Please Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

*Thank You!*