



HOLZEDER

Hengststation • Ausbildung • Verkauf

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Order form

Stallion _____

Mare

Name _____ Nr. _____

Date of birth _____

Father _____ Mother Father _____

Mother _____ Mother Mother Father _____

Owner of the mare

First- and Last name _____

Street _____

Postalcode, City _____

Phone _____ Email _____

Shipping address (not to be filled out if the semen is collected):

First- and Last name _____

Street _____

Postalcode, City _____

Phone _____ Email _____

Responsible vet

First- and Last name _____

Street _____

Postalcode, City _____

Phone _____ Email _____

Breeding association _____

Semen is needed on _____

Information about shipping:

shipping

self-collection

Terms and conditions read and accepted: yes

date and signature