

Shipment Information Form

Mare's Registered Name:

Owner's Name (as shown on AQHA/APHA Papers):

Shipping Contact Person Name and Phone Number

Can this person receive text messages? (Circle One)

Yes

No

Attending Veterinarian and Facility Name

Shipping Address:

City: _____ State: _____ Zip: _____

Special Instructions for Shipment (Include preferred airport for Counter-to-Counter):

Saturday Shipping Address if different from above:

City: _____ State: _____ Zip: _____

Billing Information

Venmo Name: (Venmo can be used for as an alternative to credit card for shipments to avoid credit card fees):

Credit Card Number:

Name as it appears on Credit Card:

Expiration Date: _____ CVV Code: _____ Billing Zip: _____