



EVDS EQUINE VETERINARY & DENTAL SERVICES PTY LTD

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DENTISTRY STUD WORK CASTRATIONS GENERAL ELECTIVE WORK VET TRAINING DENTAL INSTRUMENTS

EVDS CHILLED SEMEN ORDER FORM – 2022

STALLION NAME: _____ DATE: _____

DATE SEMEN REQUIRED: A) To be collected: _____ B) To arrive at your vet clinic: _____

MARE NAME: _____ Breed Rego number : _____ Breed: _____

ADDRESS SEMEN IS TO BE SHIPPED TO:

NAME OF VET: _____ VET CLINIC: _____

EMAIL: _____ MOBILE: _____

DELIVERY ADDRESS: _____

_____ State: _____ Postcode: _____

CONTACT PERSON: _____ PHONE: _____

MARE OWNER NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ FAX: _____

EMAIL: _____

PAYMENT IN FULL IS REQUIRED BEFORE SEMEN DEPARTS EVDS.

Card Number: _____

Expiry Date: / / CCV: _____

Card Type: MasterCard Visa Bank Card Amex

Cardholder's Name: _____

FREIGHT INFORMATION

Freight couriers will be selected based on ability to deliver in the required time frame. Freight costs will need to be paid prior to shipping. EVDS is not liable for any delays once the semen shipper is in the hands of the courier/transporter. EVDS reserve the right to refuse use of a courier/transport company if pick up requirements do not meet internal staffing capabilities.