



**EQUINE REPRODUCTION  
LABORATORY**  
COLORADO STATE UNIVERSITY

**Colorado State University ♦ Equine Reproduction Lab  
3101 Rampart Road Fort Collins, CO 80521 Ph. 970-491-8626 Fax 970-491-7005**

**Shipped Testes Information Form**

**Date:** \_\_\_\_\_

**Stallion Owner:** \_\_\_\_\_  
**First Last**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Reproductive Contact Person (if applicable):** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Stallion Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **\*\*Please include a copy of the registration papers\*\***

**Shipping Info-**

**Airline** \_\_\_\_\_ **Originating City & flight #** \_\_\_\_\_ **Connecting City & flight #** \_\_\_\_\_

**Airbill Number** \_\_\_\_\_

**Fed Ex or UPS Tracking Number:** \_\_\_\_\_

\*Thank you for including this form with your shipment. Please keep in mind that payment for the initial is due prior to arrival.



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**Stallion Name:** \_\_\_\_\_

Has the stallion ever had semen frozen? Yes or No If so, what extender worked best? \_\_\_\_\_

Was the stallion euthanized, pass away naturally, or electively castrated? \_\_\_\_\_

When and where were the testes collected? (Date and Time) \_\_\_\_\_

Did the stallion have any type of illness prior to collection of the testes? \_\_\_\_\_

Was the stallion treated with any medications prior to collection of the testes? \_\_\_\_\_

**Estimate of Fees: \*Actual prices may vary**

1. A **\$350** non-refundable deposit and General Stallion Contract is required to collect and evaluate the epididymal sperm. Please include the Payment Form or a check in the package with the testicles.
2. An additional **\$500** fee will be charged to freeze the semen, if the motility of the epididymal sperm is determined to be adequate after collection and evaluation.
3. If the sperm motility is below industry standard, we will contact you and not proceed with the cryopreservation or any additional charges unless requested by owner.
4. As part of the freezing protocol, we will perform a test-thaw on one straw to determine post-thaw motility. We will contact you with the results of the test-thaw and discuss storage or shipment options.
5. Semen storage is **\$25/month for up to 400 straws**.

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### Payment Information

Horse Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Mail my receipt:  E-mail my receipt:

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

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

Primary Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**\*Store my payment information for future charges: YES  NO**

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