

Veterinary Surgeons in Equine & Alpaca Practice

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Frozen Semen Release Form

This form is to be filled out by the owner of the Frozen Semen to allow semen to be released to a 3rd party.

I (semen owner)	allow	doses(# of doses) of frozen semen from	
			(stallion name)
to be released to:		on/	/20
Signature of frozen semen owner/agent:		Date:	