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FROZEN SEMEN RELEASE FORM

Stallion Name: _____ Semen owner: _____

As the semen owner (as outlined above), I hereby give Hawkesbury Equine veterinary clinic the authority to release _____ (#) doses / straws *(pls circle)* of the above named stallion's semen to the following:

Recipient Name: _____ Ph: _____

Address: _____

Signed: _____