

**SEMEN RELEASE/TRANSFER FORM**

I \_\_\_\_\_ (insert name), give  
permission for \_\_\_\_\_ (number of doses) / \_\_\_\_\_ (number of straws)  
of \_\_\_\_\_ (horse name)  
semen to be released/transferred to:

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

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

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

Postal Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

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

Client Account #: \_\_\_\_\_