

FROZEN SEMEN RELEASE AUTHORISATION & SHIPMENT FORM

I, ...

of address:

Phone: Email:

hereby authorize Equivet Breeding Centre to release doses (inseminations)

of frozen semen from the stallion

New Owner:

Address:

Phone: Email:

Please select one of the following options:

- ☐ Released semen will remain in storage at Equivet under new owner's name
- ☐ Released semen will be shipped to another facility

Signed: Date:

(If semen is to be shipped, please complete dispatch details over page.)

Shipping Details:

Dispatch to:

Veterinarian / Inseminator:

Address:

.....

Contact: Phone:

.....

Credit Card details for dispatch and shipment fees:

CARD NUMBER: _ _ _ _ _ _ _ _ _ _

Name on Card: Exp: _ _ / _ _ CCV: _ _ _

.....

This section to be completed by Shipping Agent (or Approved Representative) on day of Dispatch:

Name: Phone:.....

Signature: Date: