



**Goulburn Valley Equine Hospital**  
**905 Goulburn Valley Highway**  
**Congupna Vic 3633**  
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## **SEMEN RELEASE FORM**

I (print name).....

allow ..... doses (print number of doses)

of..... (print name of stallion)

semen to be released to .....

on the ..... /...../.....

Signed.....