

**GOULBURN VALLEY EQUINE HOSPITAL**

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**SEMEN RELEASE/TRANSFER FORM**

I (print name) \_\_\_\_\_,

give permission for \_\_\_\_\_ doses (print  
number of doses) of \_\_\_\_\_

(print name of stallion) semen to be released/transferred to:

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

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

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

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

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

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

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

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

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

(can also be found on tax invoice)