



STORED SEMEN

CONSENT TO RELEASE FORM

After completing form please email to: office@mcgregorequine.com.au

Name Of Stallion _____

Owner of Semen _____

Number of Straws to be Released _____

Number of Breeding Doses to be Released _____

Person/Clinic Collecting Semen _____

Recipient:

Name _____

Address _____

Phone Number _____ Email _____

I hereby authorise McGreggor Equine Veterinary Services to release frozen semen (owned by me, and as detailed above) to the named recipient, or persons collecting the frozen semen on their behalf.

Signature: _____

Date: _____