

Ovibreed Ltd, Lochpark, Springholm, Castle Douglas, Dumfried & Galloway, DG7 3LT

Tel/Fax: 01556 690578



Owner

Semen Release Form

Purchaser

| Address | | Addres | S | | |
|---|--------|--------|-----------------|----------|--|
| | | | | | |
| Postcode | | Postco | Postcode | | |
| Tel | | Tel | | | |
| Mobile | | Mobile | | | |
| | | | | | |
| Ram Name | Ram ID | Breed | Number of doses | Receiver | |
| | | | | | |
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| | | | | | |
| I authorise the release of the above semen from myself to the receiver indicated on this form. I understand that I shall be responsible for all the costs arising from shipment and batching. | | | | | |
| Signed | | Date | | | |