HORIZON EQUINE
Veterinary Clinic

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REPRODUCTION

Semen Release

OWNER

Owner name

Stallion

I am the owner of semen from the stallion named above, and I release semen from this stallion to:

Released to (name)

SEMEN RELEASED

Number of straws released

Straws per dose

Straw size

As owner, I release the semen straws listed above from this stallion to the person named above.

Owner name

Owner signature

Sign or draw here

Date