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24/7 Emergency Care
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HORIZON EQUINE SEMEN RELEASE

I _____ am the owner of semen from the Stallion _____.

I hereby released semen from the stallion listed above to: _____.

Number of Straws being released: _____

Numbers of Straws in a dose: _____

Straw size: _____

I, as owner, release the above listed Stallion semen straws to the above listed person.

Signature: _____

Date: _____