



Tad Thompson, DVM
2590 N 500 E
Lebanon IN 46052
765-978-0301

FROZEN SEMEN RELEASE/TRANSFER FORM

I, _____ (Owner) give RSG permission to release/transfer the following semen to _____ (Name) on _____ (Date).

	Ram/Buck Name or Tag Number	Stud Code	Units Released	Notes:
1.				
2.				
3.				
4.				
5.				

Purchaser Information:

Name _____

Address _____

Email _____

Phone _____

Date Semen Needed _____

***Must be complete!**

PLEASE NOTE:

This form is NOT a shipping request. In order to schedule semen shipping, the purchaser must contact RSG directly to arrange shipping details and payment.

Signed _____ Date _____
(Owner's Signature Required) *(Owner's Printed Name)*

RSG Use Only

Credit Card # _____ Exp Date _____ CSV _____ Zip _____

Date Completed _____ Completed By (Initials) _____