



Equine frozen semen release form

This request is for the release of frozen semen stored by Murray Veterinary Services as described below to be transferred to another storage facility.

Registered Name of stallion: _____

Breed: _____

Description of straws: _____

Number of Doses: _____ (number of straws: _____)

I/We declare that we are the legal owners of the above described semen and request the release

Owner Details

Full Name: _____

Address: _____ Post code: _____

Email: _____ Phone: _____

Shipping Address for semen

Facility Name: _____ Attention: _____

Address: _____

Suburb: _____ State _____ Post Code: _____

Email: _____ Phone: _____

Vapour Shipper Use (please tick)

- I do not require the use of a vapour shipper and will provide my own
- I require the hire of a vapour shipper at the cost of \$150 (not including any freight charges)

The vapour shipper is valued at \$1500 and I am aware that I will be charged this amount if the shipper reaches the destination and is NOT returned to MVS

Terms and conditions

- All accounts are payable within 14 days. Murray Veterinary Services (MVS) reserves the right to charge the owner interest of 5% per month on all late payments and the owner agrees to pay all fees charged, interest and any legal fees incurred by MVS.
 - MVS accepts no liability for any loss suffered by the owner and the owners shall be solely responsible for all insurance arrangements made for semen
 - MVS will not be held responsible for any semen once it has been dispatched from the hospital. All relative costs are the responsibility of the semen owner

Name: _____ Signature: _____ Date: _____