



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) \_\_\_\_\_