



# RELEASE FORM

This form authorises Holbrook Breeders Australia (HBA) to act on your behalf as your agent to arrange the release and/or change the ownership of your genetic material listed below.

**Animal / Genetic Material to be Released:**

DATE OF PROGRAM OR WHEN REQUIRED BY: \_\_\_\_\_ MUST BE COMPLETED

**Semen/Embryo Dispatch**

Bull Name & ID / Embryo Joining & ID	Breed	\$ Value Per Straw/Embryo	No.Straws/Embryos

**Released from current Owner/s or Agent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Acceptance & Authorisation for release details:** (Current Owner to sign)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

As representative for: \_\_\_\_\_, being the legal owners of the above mentioned genetic material

**Insurance for Straws/Embryos:** \*\* Your product is not insured unless boxes are ticked

Do you require transit insurance? - New/existing owner which ever applies to complete Y  N

Do you require storage insurance whilst your product is held with us prior to transit Y  N

**Delivery Address for Straws/Embryos:** To be completed by new owner/existing owner whichever applies

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**New Owner/s:** (Appl. if change of ownership) NEW OWNER TO COMPLETE FROM HERE DOWN

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Account to be charged to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Acceptance and Authorisation for Release Details:** (New Owner to sign)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

As representative for \_\_\_\_\_ being the legal owners of the above mentioned Genetic Material

Please return form to [info@holbrookbreeders.com.au](mailto:info@holbrookbreeders.com.au) or fax 02 6036 3506