



# 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

(ASAP is not acceptable)

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: \_\_\_\_\_ 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 YES is ticked

Insurance premium \$231 GST inc up to \$10,000 cover, over that approx 2% of valuation

**Do you require transit insurance?** - New/existing owner which ever applies to complete **YES** **NO**

## New Owner/s: (Appl. if change of ownership)

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

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

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

## Delivery Address for Straws/Embryos:

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

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

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

## Account to be charged to:

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

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

Contact Ph: \_\_\_\_\_ 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