

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.

(ASAP is not acceptable)

Animal / Genetic Material to be Released: DATE OF PROGRAM OR WHEN REQUIRED BY: Semen/Embryo Dispatch We endeavour, if possible, to send "shared" shipments to be more cost effective for the cost of the cost o

Semen/Embryo Dispatch	1		ble, to send "shared" shipments to our date required. Please ring Offi		
Bull Name & ID / Embryo Joining & ID		Breed	\$ Value Per Straw/Embryo		
				_	
		<u> </u>	<u> </u>	<u> </u>	
Released from current O Name:	wner/s or Agent:				
Address:					
Contact Ph:	Email	:			
Acceptance & Authorisat			_		
3	Date:				
As representitive for:		, being the legal owners of the above mentioned genetic material			
Insurance for Straws/Em	bryos: ** Your produ	ct is not insured	unless YES is ticked		
Insurance premium \$231 GS	ST inc up to \$10,000 cov	ver, over that appro	ox 2% of valuation		
Do you require transit insu	•			NO	
New Owner/s: (Appl. if cha	ange of ownership)				
Name:					
Address:					
Contact Ph:	Email:				
Delivery Address for Straws/	Embryos:				
Name:					
Address:					
Contact Ph:	Email:				
Account to be charged t	0.				
Name:					
Address:					
Contact Ph:					
Acceptance and Authoris					
Signed:		Da	te:		
As representative for					

being the legal owners of the above mentioned Genetic Material