



Intracytoplasmic Sperm Injection (ICSI) Stallion Authorization

FOR YEAR _____

STALLION NAME: _____

DATE OF BIRTH: MO _____ DAY _____ YEAR _____

REGISTRATION NUMBER: _____

OWNER: _____

EMAIL ADDRESS: _____

MOBILE NUMBER: _____

DONOR MARE: _____

UNLIMITED USE FOR YEAR ABOVE

OR

USE FOR MINIMUM OF (1) ONE SUCCESSFUL EMBRYO FOR YEAR ABOVE

***** MUST SELECT ONE OF THE BOXES ABOVE BEFORE AUTHORIZATION WILL BE ACCEPTED*****

AUTHORIZED SIGNATURE

DATE