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**MACQUARIE
 ARTIFICIAL
 BREEDERS**

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Artificial Insemination Request & Consent Form

Name: _____

Address: _____

Contact Number: _____

Preferred AI date: ____ / ____ / ____

Number of ewes: _____

Breed of ewes: _____

Age of ewes: _____

Semen to be used:

Ram ID	No. of ewes	Stored @ MAB	If No, shipping from
_____	_____	Y / N	_____
_____	_____	Y / N	_____
_____	_____	Y / N	_____
_____	_____	Y / N	_____
_____	_____	Y / N	_____

- I consent to the administration of sedation and analgesia to the ewes listed above and the performing of laparoscopic insemination.
- I agree to follow all instruction with regards to the administration of all medication to all animals involved in the program.
- I agree to provide and be responsible for all labour requirements for the purpose or preparing the animals for this program.

Signed: _____

Date: ____ / ____ / ____