

Returning of defective cattle semen doses

Province :-

District :-

VS Office :-

	Date	Breed of Cattle Semen	Colour	Semen Code No	No. of doses	Reason for refusal
1						
2						
3						
4						
5						
6						
7						
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9						
10						
11						
12						
13						
14						
15						

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Signature of Veterinary Surgeon