附件5

**2025年优质肉牛补贴冻精领取单**

领取单位（章）： 领取日期：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **种公牛号** | **品种** | **冻精数量****（剂）** | **质量合格证明** | **系谱证明** | **检疫合格证明** | **领取人****签字** |
|  |  |  |  | 具备□不具备□ | 具备□不具备□ | 具备□不具备□ |  |
|  |  |  |  | 具备□不具备□ | 具备□不具备□ | 具备□不具备□ |  |
|  |  |  |  | 具备□不具备□ | 具备□不具备□ | 具备□不具备□ |  |
|  |  |  |  | 具备□不具备□ | 具备□不具备□ | 具备□不具备□ |  |
|  |  |  |  | 具备□不具备□ | 具备□不具备□ | 具备□不具备□ |  |
|  |  |  |  | 具备□不具备□ | 具备□不具备□ | 具备□不具备□ |  |

注：1.本表由肉牛繁育服务站（点）领取冻精时填写。

2.本表一式两份，发放单位一份、领取单位一份。

【 页/总 数】