附件6

 **肉牛繁育服务站（点）2025年优质肉牛补贴冻精入库表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **入库时间** | **冷冻精液号** | **品种** | **数量（剂）** | **质量合格证明** | **系谱证明** | **检疫合格证明** | **经手人****签字** |
|  |  |  |  | 具备□不具备□ | 具备□不具备□ | 具备□不具备□ |  |
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|  |  |  |  | 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：本表由肉牛繁育服务站（点）将冻精入库时填写。

【 页/总 数】