

12000 Durham
Washington, MI 48095



Phone: (586) 752-6217
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A Division of Wilson Veterinary Hospital

SEMEN IDENTIFICATION

Semen Owner's Name			
Registration Name			
Registration Number		Breed	

Collection Date	Straw ID Number	Number of Straws

SEMEN RELEASE

As owner or agent of the owner of the above identified semen, I authorize representatives of Wilson Veterinary Hospital's Department of Reproduction:

- _____ to ship said semen to the person and address below for the purpose indicated below
- _____ to transfer ownership of said semen to the person listed below
- _____ to thaw said semen

Signature: _____ Date: _____

STORAGE FACILITY TRANSFER OR SHIPMENT FOR INSEMINATION

SHIPPED TO:			
Recipient's Name			
Recipient's Address			
Date Shipped		Carrier	
IF FOR PURPOSES OF INSEMINATION:			
Bitch Owner's Name			
Bitch Owner's Address			
Registration Name			
Registration Number		Breed	

SEMEN OWNERSHIP TRANSFERRED TO:

Name	
Address	
New Owner's Signature:	