

12000 Durham  
Washington, MI 48095



Phone: (586) 752-6217

Fax: (586) 752-1532

A Division of Wilson Veterinary Hospital

## Semen Disposition Form: Surgical Implant

### SEMEN IDENTIFICATION

Semen Owner's Name			
Registration Name			
Registration Number		Breed	

Collection Date	Straw/Vial ID Number	Number of Straws/Vials and Breeding Units

### 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 thaw said semen for surgical insemination of the bitch indicated below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BITCH TO BE INSEMINATED

Bitch Owner's Name			
Bitch Owner's Address			
Registered Name			
Registered Number		Breed	

WVH/MCRS Team Member: \_\_\_\_\_