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A Division of Wilson Veterinary Hospital

### SEMEN RELEASE AND SHIPPING FORM

Please fill in the following, sign and email to MCRS at wvhrepro@att.net.

Registered Name of Dog \_\_\_\_\_

Registration Number \_\_\_\_\_ Breed \_\_\_\_\_

DNA Profile # \_\_\_\_\_

Type of Semen: \_\_\_ Fresh Chilled \_\_\_ Frozen

Method of Insemination: \_\_\_ Vaginal Insemination \_\_\_ Transcervical Insemination \_\_\_ Surgical Insemination

Ship to:	
Veterinarian: _____	
Clinic: _____	Phone: _____
Street: _____	Fax: _____
City, State, Zip: _____	Email: _____

Registered Name of Bitch \_\_\_\_\_

Registration Number \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Bitch Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Charges to # \_\_\_\_\_ Exp. \_\_\_\_\_ V-Code \_\_\_\_\_

I authorize MCRS to ship semen from the above identified stud to the above named veterinarian for the above named bitch. I certify that I am the legal owner of the semen from the above named dog. I agree to be completely responsible for the shipping charges.

Semen Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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