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A Division of Wilson Veterinary Hospital

Semen Disposition Form: Transfer Ownership or Shipping

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 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

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		Phone	
Address			
New Owner's Signature: _____			