Elam Animal Hospital and Reproduction Center

1403 ANDERSON HIGHWAY; POWHATAN, VIRGINIA USA 23139 PH 804.794.4105 FX 804.794.4290

I Authorize: (check one)	...OF FROZEN SEMEN
_____ INSEMINATION _____ SHIPMENT FOR INSEMINATION _____ TRANSFER OF OWNERSHIP _____ TRANSFER OF STORAGE LOCATION _____ DESTRUCTION	On The Dog Listed Below

Registered Name Of Dog	
Registration Number	
Breed	

Number of Breeding Units to be released.

(Typically 2-3 straws per breeding unit depending on post thaw motility.) # of Straws to release

Semen Identification (For Office Use)

Date	Stud ID	Straw ID
Total # Straws		
# of Breeding Units		
# of Sperm Per Straw		
Post Thaw Motility		

Shipping/Transfer Date

Veterinarian Signature

Complete if for Shipment and/or Transfer:

Name_____
Phone_____
Address_____
_____
City State Zip Code_____
_____

Complete if for Insemination of Bitch:

Registered
Name_____
Reg #_____ Breed_____
Owner_____
Phone_____

I Authorize the above Transaction and Certify I am the Legal Owner of the Frozen Semen listed.

Signature_____
Name_____
Phone_____
Address_____
_____
City State Zip Code_____
_____

Today's Date_____

Shipments require Credit Card Pre Payment

FORM NAME: SEMEN TRNASFER FORM JAN 2010.DOC

CLONE WEST PERMISSION GIVEN TO USE THIS FORM