

Animal Hospital of Woodstock
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FORM #2

AGENT AUTHORIZATION FOR SEMEN COLLECTION, EVALUATION AND USAGE

Authorized Agent (Name of person(s) bringing dog in to clinic):

Name _____ Phone _____
Address _____ Cell _____
_____ FAX _____

Dog owner information:

Name _____ Phone _____
Address _____ Cell phone _____
_____ Work phone _____
E-mail _____ FAX _____

Dog information:

Registered name _____
Call name _____
Registration club and # _____ DNA profile # _____
Breed _____ Birthdate _____
Tattoo # _____ Microchip # _____
Color _____ Markings _____

I. Requirements for artificial insemination, shipping or freezing semen:

1. Copy of AKC DNA

**It is required by AKC that dogs have a DNA number to register a litter from semen that is extended and shipped to a bitch in another location. If you do not have one, we have the kits and can swab the cheek and send in for one.

2. Copy of registration (AKC, UKC, etc.)

3. Copy of most recent Brucellosis test

**If you are freezing the semen, it is required to have a negative Brucellosis test within 90 days.

**If we are inseminating the semen the male needs to have proof of Brucellosis in past 1 year. We can run the Brucellosis test in-house if needed.

4. Physical exam

**If we have not seen the male in the past year, we require that a physical examination be done by Animal Hospital of Woodstock to be sure your male is in good health for collection.

I give permission for the dog to be collected and semen evaluated. I authorize the semen to be extended and:

_____ Shipped for breeding to _____ owned by _____
(Call name of bitch)
_____ Inseminated directly into _____ owned by _____
(Call name of bitch)
_____ Frozen and stored

I _____ authorize or _____ do **not** authorize the listed agent to have access to any evaluation results and to act on my behalf on any pertinent decisions that need to be made regarding the stud dog or semen should a problem arise and I am not able to be contacted by the phone numbers listed above.

Party responsible for payment:

_____ Agent

_____ I will contact the clinic with payment information.

Signature of dog owner

Date