

Animal Hospital of Woodstock  
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**FORM #8**

**AUTHORIZATION OF FROZEN SEMEN THAW, PREP, AND INSEMINATE**

**Sire Information:**

Registered name \_\_\_\_\_ Reg. club and # \_\_\_\_\_  
Call name \_\_\_\_\_  
Breed \_\_\_\_\_ DNA profile # \_\_\_\_\_  
Semen owner \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Bitch Information:**

Registered name \_\_\_\_\_ Reg. club and # \_\_\_\_\_  
Call name \_\_\_\_\_  
Breed \_\_\_\_\_ DNA profile # \_\_\_\_\_  
Bitch owner \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

I hereby declare that I am authorized to use the semen from the above listed dog by the owner of said semen. Therefore, I hereby authorize the thaw, preparation, and insemination of the frozen semen from the dog listed above to the above listed bitch by the Animal Hospital of Woodstock.

\_\_\_\_\_  
Signature of dam owner

\_\_\_\_\_  
Date

I hereby declare that I am the semen owner of the sire listed above and authorize the release and use of \_\_\_\_\_ breeding units to inseminate the above listed bitch.

\_\_\_\_\_  
Signature of semen owner

\_\_\_\_\_  
Date