

Animal Hospital of Woodstock
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FORM #9

RELEASE OF FROZEN SEMEN FOR SHIPMENT

Semen owner: _____ Phone: _____
Street: _____ FAX: _____
City, State and Zip: _____ E-mail: _____

Registered name of dog _____
Call name of the dog _____
Registration number _____ Breed _____
DNA number _____

Bitch owner: _____ Phone: _____
Address: _____ E-mail: _____
_____ FAX: _____

Bitch registered name: _____
Bitch call name: _____
Registration # _____ Breed _____

Name of vet receiving semen: _____
Clinic/Facility: _____ Phone: _____
Street: _____ FAX: _____
City, State, Zip: _____ E-mail: _____

I authorize the Animal Hospital of Woodstock to ship _____ breeding units of frozen semen from above identified dog to above stated facility for immediate usage or storage.

_____ I retain ownership of the breeding units being shipped

_____ I transfer ownership of the breeding units being shipped to _____
(New owner name)

(Signature of semen owner)

(Date)