

North Oatlands Animal Hospital & Reproduction Center

19275 James Monroe Highway
 Leesburg, Virginia 20175
 (703) 777-7781 office (703) 777-2758 fax
 www.NOAHVETS.com ~ info@NOAHVETS.com



Dominion Valley Animal Hospital

5371 Merchant's View Square
 Haymarket, Virginia 20169
 (703) 753-4444 office (703) 753-4446 fax
 www.DVVETS.com ~ info@DVVETS.com

This form Authorizes the following Action to be taken for the Frozen Semen on the Dog listed Below:
 (check one)

- Shipment for Insemination Transfer of Ownership Transfer of Storage Location

Registered Name of Dog: _____

Registration Number: _____ Breed: _____

Number of Breeding Units / Straws to be Released _____ / _____
 (typically 2-3 straws are used per breeding unit depending upon post thaw motility)

SEMIEN OWNER	Owner's Name: _____ Address: _____ _____ Telephone: _____ Email: _____
---------------------	---

SEMIEN SHIPPED TO	Name: _____ Address: _____ _____ Telephone: _____ Email: _____
--------------------------	---

BITCH & OWNER INFO	Registered Name: _____ Registration Number: _____ Breed: _____ Owner's Name: _____ Telephone: _____ Email: _____
-------------------------------	---

I _____ Hereby authorize the above Transaction and Certify I am the Legal Owner of the Frozen Semen listed above.

Signature: _____ Date _____

Semen Identification (Office use Only)						
Collection Date	Stud Id#	Straw Id#(s)	Total # of Straws	# of Breeding Units	# of Sperm per Straw	Post Thaw Motility

Processed By _____ Packaged By _____ Checked By _____