



**North Oatlands
Animal Hospital
& Reproduction Center**

19275 James Monroe Hwy. Leesburg, VA 20175
703-777-7781 • noahvets.com



**Dominion Valley
Animal Hospital**

5371 Merchants View Sq Haymarket, VA 20169
(703) 753-4444 • dominionvalleyvets.com

This form is to be filled out if you wish to have the frozen semen collected today shipped to another facility of your choice.

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

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)

Semen Owner:

Owner's Name: _____

Address: _____

Telephone: _____ Email: _____

Semen Shipped To:

Owner's Name: _____

Address: _____

Telephone: _____ Email: _____

Bitch & Owner Info:

Registered Name: _____

Registration Number: _____ Breed: _____

Owner's Name: _____

Telephone: _____ Email: _____

I _____, 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 _____