



North Oatlands Animal Hospital, PC

19275 James Monroe Highway, Leesburg Virginia 20175

Phone: (703)777-7781 Fax: (703)777-2758



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 _____,
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