BREEDER'S VETERINARY SERVICES

SEMEN TRANSFER FORM

RANDALL POPKIN DVM 604 ELSA DR. SANTA ROSA CA 95407

I AUTHORIZE: PLEASE CHECK ONE:

_____ INSEMINATION
_____ SHIPMENT FOR INSEMINATION
_____ TRANSFER OF OWNERSHIP
_____ TRANSFER OF STORAGE LOCATION

NUMBER OF BREEDING UNITS TO BE RELEASED. ☐

OF FROZEN SEMEN ON DOG LISTED BELOW:

REGISTERED NAME OF DOG:_____

REGISTRATION NUMBER:_____

BREED:_____

TATTOO/MICROCHIP NUMBER:_____

COMPLETE IF FOR SHIPMENT AND/OR TRANSFER:

NAME:_____

PHONE:_____CELL:_____

ADDRESS:_____

CITY:_____STATE:_____ZIP CODE:_____

COMPLETE IF FOR INSEMINATION OF BITCH:

REGISTERED NAME:_____

REG. NUMBER:_____BREED:_____

OWNER:_____

PHONE:_____CELL:_____

I AUTHORIZE THE ABOVE TRANSACTION AND CERTIFY I AM THE LEGAL OWNER OF THE FROZEN SEMEN LISTED ABOVE.

SIGNATURE:_____

PRINTED NAME:_____

ADDRESS:_____

CITY:_____STATE:_____ZIP CODE:_____

PHONE:_____TODAY'S DATE:_____

ALL SHIPMENTS REQUIRE CREDIT CARD AUTHORIZATION FORM

SEMEN IDENTIFICATION (FOR OFFICE USE)		
DATE	STUD ID	STRAW ID
TOTAL # OF STRAWS		
# OF BREEDING UNITS		
# OF VIABLE SPERM PER STRAW		

SHIPPING/TRANSFER DATE:_____

TECHNICIAN'S SIGNATURE:

_____

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