



**Brittmoore
Animal
Hospital**

1236 Brittmoore Rd.
Houston, TX 77043
713-468-8253 Fax 713-468-8995
repro.bah@gmail.com

Frozen Semen Disposition

Semen Owner:
Stud Dog Registered Name:
Stud Dog Registered Number:
Stud Dog DNA Number:

Number of Breeding's being released: _____ **OR Releasing All Inventory:** Yes No

Collection Date	Straw/Vial ID	No of Straws/Vials

**As owner (or agent of the owner) of the above identified semen,
I authorize representatives of Brittmoore Animal Hospital to:**

To ship said semen to the person and address below for the purpose indicated below

To transfer ownership to the person listed below

To thaw for DNA testing

Signature: _____ **Date:** _____

Date of shipment/Used/Stored: _____

Storage Facility Used or Transfer to Name:
Storage Facility Address:
Storage Facility Phone Number:

For Purposes of Insemination

Dam Owner Name:
Dam Owner Address:
Dam Registration Name:
Dam Registration Number:

OR

Semen Ownership Transfer

Name:	
Address:	
Phone Number:	Email: