

# Frozen Semen Release Form

Please fill in the following, sign in the correct place and fax copy to the clinic. Follow up with the original signed copy by mail.

Registered name of the dog: \_\_\_\_\_

Call name: \_\_\_\_\_

Registered number: \_\_\_\_\_ Breed: \_\_\_\_\_

How many breeding units to ship: \_\_\_\_\_

Ship to:

Veterinarian: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner of the female: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I agree to be completely responsible for the shipping tank and it's return to the clinic. Said tank will be insured for \$1000.00 during shipment both outgoing and on the return. Have the owner of the female call the clinic with shipping details and a credit card number.

Semen Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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