

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: _____



Inver Grove Heights Animal Hospital
7131 Cahill Avenue
Inver Grove Heights, MN 55076
Phone: (651)451-4404
Fax: (651).451-4879
www.ighvet.com