SEMEN COLLECT AND SHIP FORM

Registered Name of Stud Dog: _____

Call Name: _____ Registered Number: _____

Breed: _____

Insemination Type: ☐ Vaginal ☐ Transcervical (TCI) ☐ Surgical

Sample Presentation: ☐ Fresh Chilled ☐ Frozen

SHIP TO INFORMATION: **Date to be Shipped:** _____

Veterinarian Name: _____

Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Owner's Name of Female: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Name of Female (Call): _____

I/We certify that as owner(s) of the above listed dog, authorize for my dog to be collected and the semen to be released and shipped by Inver Grove Heights Animal Hospital to the veterinary hospital as I have listed above. I understand that FedEx will be used to ship priority overnight, and I assume responsibility for all shipping fees including tank rental, shipping rate and tank return rate fees, taxes, special handling fees, peak time and/or Saturday (delivery or pickups for return tank). I understand that international shipping fees may have charges assessed after shipment due to receiving country duties, taxes (goods and services, value added taxes) and any additional required paperwork or filing, customs, or clearance entry requirements.

Stud Dog Owner: _____ Phone: _____

Stud Dog Co-Owner: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Co-Owner Signature: _____ Date: _____

INVER GROVE HEIGHTS
ANIMAL HOSPITAL

INVER GROVE HEIGHTS ANIMAL HOSPITAL
7131 CAHILL AVENUE
INVER GROVE HEIGHTS, MN 55076
PHONE: 651-451-4404
FAX: 651-451-4879
ighvet.com