



SEMEN TRANSFER FORM

RANDALL POPKIN DVM

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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: _____