



**Brittmoore  
Animal  
Hospital**

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

### Frozen Semen Disposition

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

Number of Breedings 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:** \_\_\_\_\_

<b>Storage Facility Used or Transfer to Name:</b>
<b>Storage Facility Address:</b>
<b>Storage Facility Phone Number:</b>

### For Purposes of Insemination

<b>Dam Owner Name:</b>
<b>Dam Owner Address:</b>
<b>Dam Registration Name:</b>
<b>Dam Registration Number:</b>

OR

**Semen Ownership Transfer**

<b>Name:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	<b>Email:</b>