



RECORD OF SEMEN DISPOSITION

Summerfields Animal Hospital
 4536 North Tarrant Parkway
 Fort Worth, TX, 76244
 (817)485-8511

SEMEN IDENTIFICATION			
Semen Owner's Name			
Registration Name			
Registration Number		Breed	

Collection Date	Straw ID #	No. of Straws

SEMEN RELEASE			
<p>As owner (or agent of the owner) of the above identified semen, I authorize representatives of Synbiotics Corporation to:</p> <p style="padding-left: 40px;">To ship said semen to the person and address below for the purpose indicated below</p> <p style="padding-left: 40px;">To transfer ownership of said semen to the person listed below</p> <p style="padding-left: 40px;">To thaw said semen</p>			
Signature		Date	

STORAGE FACILITY TRANSFER OR SHIPMENT FOR INSEMINATION SHIPPING ADDRESS			
Recipient's Name			
Recipient's Address			
Ship Date		Carrier	

FOR PURPOSES OF INSEMINATION	
Bitch Owner's Name	

Bitch Owner's Address			
Registration Name			
Registration Number		Breed	

SEMEN OWNERSHIP TRANSFER			
Name			
Address			
Phone Number		Email	

Copy to Each

Doa Owner(s) File

AKC

Mail to Owner

with Semen