

Kingdom
Animal Hospital



Kingdom Animal Hospital
824 E. Villa Maria Rd Bryan, Texas 77802
Phone: 979.823.5495 Fax: 979.779.9213

Frozen Semen Transfer Record

Check applicable box below: Legal owner of semen:

- Shipment for insemination
- Transfer of ownership
- Transfer of storage location

Name: _____
Address: _____
City: _____
State: _____
Phone: _____

I certify that I am the () owner () co-owner of frozen semen:

_____ (Breed)
_____ (Registration number)
_____ (Registered name)

and I authorize transfer or shipment as noted above of:
_____ (number) straws/vials (circle one)

To:
Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____

Semen Identification:

Date	Stud ID	Straw/Vial

Motility Morphology/Other Information

Total Breeding Units: _____

Complete if shipment is for insemination

_____ (Breed) _____ (Reg #)
_____ (Registered name)
Owner/Co-owner/Lessee (circle one) _____
Address _____ City _____
State _____ zip Code _____ Phone _____

I hereby authorize the above transaction and certify that I am the legal owner of the frozen semen of donor listed above and agree to indemnify and hold Kingdom Animal Hospital harmless from and against any and all liability arising from natural disaster or unforeseen equipment failure. I hereby authorize the transfer of semen indicated above to said party.

_____ (owner/agent) Date _____