



FROZEN SEMEN TRANSFER RECORD

Purpose of Transfer: Name: _____
 _____ Shipped or Used for Insemination Address: _____
 _____ Transfer of Ownership City _____ State _____
 _____ Transfer of Storage Location 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 or Email: _____

Semen Identification

Date	Stud ID	Straw/ Vial

Motility, Morphology/ Other Information:

Total Breeding Units _____

Complete if shipment is for insemination:

Registered Name: _____ Registration Number: _____
 Breed: _____ Owner/ Co-owner/ Lessee (circle one)
 Address: _____
 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: _____