

SPRINGFIELD VETERINARY CENTER
4416 Springfield Rd, Glen Allen, VA 23060 (804) 270-7274

AUTHORIZATION FOR RELEASE OF FROZEN SEMEN

Owner Name _____

Address _____

I certify that I am the legal owner ___ co-owner ___ of frozen semen from:

Registered name _____

Breed _____

Call name _____ AKC # _____

I authorize shipment of ___ frozen semen breeding doses from the above named dog to:

Veterinarian Name _____

Veterinary Clinic _____

Address _____

Phone number _____

If shipping for insemination:

Bitch owner's name _____

Bitch's registered name _____

Call name _____ AKC # _____

Springfield Veterinary Center, its employees, agents, and representatives will be held harmless against any and all claims, including third party claims for loss during storage or shipment of semen. I understand a dry shipper is required to transport frozen semen and that a rental/liquid nitrogen fee will be assessed for charging the dry shipper and its use.

Semen owner signature _____ Date _____