

RELEASE OF FROZEN SEMEN REQUIREMENTS

MINIMUM OF 48 HOURS NOTICE FOR ALL SHIPMENTS

WE CAN SHIP OVERNIGHT MONDAY – FRIDAYS ONLY
(A \$50.00 FEE WILL BE CHARGED FOR ANY LAST MINUTE SHIPMENTS)

SEMEN RELEASE FORM MUST BE FILLED OUT AND SIGNED
THIS INFORMATION IS FORWARDED TO AKC FOR THEIR RECORDS

WE NEED

- APPROXIMATE DATE OF INSEMINATION
- DESTINATION CLINIC NAME, ADDRESS AND PHONE NUMBER
- BITCH OWNERS NAME, ADDRESS AND PHONE NUMBER
- BITCH INFORMATION – NAME, REGISTERED NAME & NO.
- CREDIT CARD NUMBER FOR CHARGES
175.00 TANK RENTAL FEE
FED-EX SHIPPING CHARGES

ENCLOSED IS A COPY OF THE SEMEN RELEASE FORM
PLEASE KEEP FOR YOUR RECORDS

THIS FORM CAN BE MAILED, FAXED OR E-MAILED AS NEEDED

FEEL FREE TO CONTACT US WITH ANY QUESTIONS OR CONCERNS

Stillwater Veterinary Clinic * 2020 Curve Crest Boulevard W Stillwater, MN 55082
651-439-3200 phone * 651-439-2009 fax * www.stillwaterveterinaryclinic.com

Stillwater Veterinary Clinic LTD
2020 Curve Crest Boulevard W
Stillwater MN 55082
651-439-3200 phone 651-439-2009 fax
stillwatervet@qwestoffice.net

Domestic or International Semen Shipment Request

STUD OWNER INFORMATION		
Owner's Name		
Address		
City	State	Zip
Phone	Fax	E-mail

STUD DOG INFORMATION
Call Name
Registration Number
Registration Name
Breed

SEMEN TO BE SHIPPED FOR BREEDING

COLLECTION DATE	STRAW I.D.	NUMBER OF STRAWS

I certify that as owner or agent of the above semen, I authorize said frozen semen to be released by Stillwater Veterinary Clinic LTD. This is a legal binding form of execution by any party to this agreement.

Signature	Date
Printed Name	

BITCH OWNER INFORMATION

Owner's Name		
Address		
City	State	Zip
Phone	Fax	E-mail

BITCH INFORMATION

Call Name
Registration Number
Registration Name
Breed

INSEMINATING VETERINARIAN

Veterinarian's Name	Contact Person	
Hospital Name		
Address		
City	State	Zip
Phone	Fax	E-mail

TYPE OF INSEMINATION	SURGICAL _____	TRANSCERVICAL _____	VAGINAL _____
NUMBER ON INSEMINATIONS TO BE PERFORMED			
TENTATIVE DATE OF INSEMINATION			

I hereby certify that the information provided by me in this document is true and accurate to the best of my ability.

Signature	Date
Printed Name	