



tech initials \_\_\_\_\_  
date \_\_\_\_\_

# Five-In-One Frozen Semen Form

**For the frozen semen of the dog listed below, I authorize:** Please place a check by correct one

Insemination      Shipment for Insemination      Transfer of Ownership      Transfer of Storage Location      Destruction

**A** Registered Name of Dog \_\_\_\_\_  
Registration # \_\_\_\_\_ Breed \_\_\_\_\_

## **B** Complete for Insemination

Reg. Bitch Name \_\_\_\_\_  
Reg.# \_\_\_\_\_  
Owner \_\_\_\_\_  
\_\_\_\_\_

## **C** Complete for Transferring Ownership

New Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

## **D** Complete If Transferring Location

*(where we are shipping to)*


Clinic \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

## **E** Complete If Destroying

I understand that I am directing PAWS Tennessee to destroy the above semen. Once destroyed, this semen can not be utilized. I understand that I am still responsible for any financial obligations to PAWS Tennessee or Pet-Agrees Wellness Services

Sign \_\_\_\_\_ Print name \_\_\_\_\_

**F** I authorize the above transactions and certify that I am the legal owner of the frozen semen above.

 Sign \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

## **G** SEMEN ID *(office use only)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total# of straws/vials \_\_\_\_\_ # of breeding units \_\_\_\_\_ # of sperm per straw/vial \_\_\_\_\_