



1300 Olney-Sandy Spring Road
Sandy Spring, Maryland 20860
Ph: 301-774-9500
Fax: 301-570-5121
Email: reception@ossvh.com

Frozen Semen Release &/or Transfer

As owner of the below identified semen, I, _____ authorize the representatives of Olney-Sandy Spring Veterinary Hospital to release the semen for the purpose indicated:

Dog's registered name: _____

Dog's call name: _____ Dog's registration number: _____

Semen to be released:

Number of breeding units: _____

Number of straws: _____

Quantity of straws at our discretion

Collection date(s) (Optional): _____

Disposition Reason:

Transfer ownership of the semen

For breeding purposes

Changing storage location

Test thaw

For purposes of ownership transfer or breeding:

Owner's Name: _____

Home address: (street): _____

City: _____ State: _____ Zip: _____ Phone: _____

If for breeding purposes:

Bitch's registered name: _____

Bitch's call name: _____ Bitch's registration number: _____

Is the insemination being performed at our hospital?

YES

NO

Location of where the semen will be transferred:

Facility Name: _____

Dr. _____

Address: (street): _____

City: _____ State: _____ Zip: _____ Phone: _____

I have confirmed that the receiving hospital has storage facilities for frozen semen. Ship at your convenience

I have confirmed that the receiving hospital has storage facilities for frozen semen and the bitch is in heat. Please ship as soon as possible.

The veterinarian does not store semen, but the bitch is in heat. Please ship on the date listed above.

This form is for future breeding arrangements. Please store semen until notified.

Signature

Date

Printed Name

** Both forms (Frozen Semen Release/Transfer and Frozen Semen Credit Card Authorization) must be completed in full before the semen can be shipped. Advanced notice of 3-5 full business days (Mon.-Fri.) is required to prepare the shipment.