

Canine Genetic Reserve
1530 Riverside Avenue
Fort Collins, CO 80524
Phone: (970) 493-3333
Fax: (970) 315-3545
cgr@advancedanimalcareofcolorado.com

AUTHORIZATION TO RELEASE FROZEN SEMEN FOR UTILIZATION OR DESTRUCTION

This form is to be used by the semen owner every time semen is released for breeding purposes or for destruction of the frozen semen. CANINE GENETIC RESERVE MUST RECEIVE THIS COMPLETED FORM PRIOR TO THE RELEASE OF THE SEMEN.

By signing below, I hereby authorize CANINE GENETIC RESERVE to release _____ units of semen.

If a specified collection date is to be used please note it here: _____/ _____

Registered Name of Sire: _____

Breed: _____

Call Name of Sire: _____

Registration #: _____

The semen is to be shipped to:

Name of Veterinarian: _____

Name of Hospital/Clinic: _____

Address: _____

_____ city _____ state/province _____ zip/postal code

Veterinarian Phone: _____

Veterinarian Email: _____

Bitch Owner Name: _____

Bitch Owner Phone: _____

Bitch Owner Email: _____

Registered Name of Bitch: _____

Breed: _____

Call Name of Bitch: _____

Registration #: _____

Semen should arrive on or before (date): _____

CGR and Shipping charges will be billed to :

Name On Card: _____

Credit Card #: _____ Exp. Date: ____/____ CVC Code: _____

(Visa, Mastercard, Discover, American Express)

Billing Address: _____

Billing City, State and Zip Code: _____

The shipment will be insured for \$1200 to cover the cost of tank replacement only. If you desire additional insurance coverage for loss or damage of semen, please indicate the amount. \$ _____.

Signature: _____

Date: ____/____

Printed Name: _____

Phone: (__) ____ - _____

Shipping costs are usually paid for by the owner of the bitch. However, the semen owner is ultimately responsible for all costs in the event the bitch owner fails to reimburse Canine Genetic Reserve for shipping, return and / or replacement of the shipping tank.