Stillwater Veterinary Clinic LTD
2020 Curve Crest Boulevard W
Stillwater MN 55082
651-439-3200 phone 651-439-2009 fax
repro@stillwaterveterinaryclinic.com

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			