



# RECORD OF SEMEN DISPOSITION

Brittmoore Animal Hospital  
1236 Brittmoore Rd  
Houston, TX 77043  
(713)468-8253

## SEMEN IDENTIFICATION

Semen Owner's Name			
Registration Name			
Registration Number		Breed	

Collection Date	Straw ID #	No. of Straws

## SEMEN RELEASE

As owner (or agent of the owner) of the above identified semen, I authorize representatives of Synbiotics Corporation to:

- To ship said semen to the person and address below for the purpose indicated below
- To transfer ownership of said semen to the person listed below
- To thaw said semen for destruction/disposal

Signature \_\_\_\_\_ Date \_\_\_\_\_

## STORAGE FACILITY TRANSFER OR SHIPMENT FOR INSEMINATION SHIPPING ADDRESS

Recipient's Name			
Recipient's Address			
Ship Date		Phone Number	

## FOR PURPOSES OF INSEMINATION

Bitch Owner's Name			
Bitch Owner's Address			
Registration Name			
Registration Number		Breed	

**OR**

## SEMEN OWNERSHIP TRANSFER

Name			
Address			
Phone Number		*Email	