

RECORD OF SEMEN COLLECTION AND FREEZING

NAME OF SEMEN OWNER:	
KENNEL NAME:	
STREET ADDRESS:	
CITY/STATE/ZIP:	
TELEPHONE NUMBER:	FAX NUMBER:

STUD IDENTIFICATION		
REGISTERED NAME:		
REGISTRATION NUMBER:		
BREED:	COLOR:	DOB:
TATOO/MICROCHIP:		
SIRE REG. NAME:		
SIRE REG. NUMBER:		
DAM REG. NAME:		
DAM REG. NUMBER:		
POSITIVE IDENTIFICATION CONFIRMED:		

As owner or agent of the owner of the above mentioned stud dog, I hereby authorize representatives of South Mesa Veterinary Hospital to collect, freeze, and store the semen from said stud dog pursuant to the terms specified in the Collection Contract.

Signature: _____ Date: _____

COLLECTION DATA				
DATE	STRAW IDENTIFICATION NUMBER	FROZEN	STRAWS (EVAL)	NET STORED

SEMEN COLLECTION LOCATION	
NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
TELEPHONE NUMBER:	FAX NUMBER:

SEMEN STORED AT:
 SOUTH MESA VETERINARY HOSPITAL
 3801 S. MASON ST.
 FORT COLLINS, CO 80525
 TEL. NO. (970)226-6526
 FAX NO. (970)226-5717

MAIL AKC FORM TO:
 THE AMERICAN KENNEL CLUB
 P.O. BOX 900058
 RALEIGH, NC 27675-9058