



RECORD OF SEMEN DISPOSITION

3801 South Mason Street

Fort Collins

Colorado, 80525

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 ICG:

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

Signature: _____ Date: _____

STORAGE FACILITY TRANSFER OR SHIPMENT FOR INSEMINATION:

SHIPPED TO:			
Recipient's Name			
Recipient's Address			
Date Shipped		Carrier	
IF FOR PRUPOSES OF INSEMINATION:			
Bitch Owner's Name			
Bitch Owner's Address			
Registration Name			
Registration Number		Breed	

SEMEN OWNERSHIP TRANSFERRED TO:

Name	
Address	