

EQUINE REPRODUCTION LABORATORY

COLORADO STATE UNIVERSITY

Shipped Testes Information Form (v11.16.23)

Owner Informat	<u>ion</u>			Date:
Stallion Name:			Age/DOB:	
Breed:		Registration #:		
Color:		* Please include copy of registration papers.		
Has the stallion ev	er had frozen sem	nen? YES	or NO	
If so, what extend	er worked best? _			
Was the stallion:	Euthanized \square	Electively	Castrated \square	OR he died of natural causes \square
When and where were the testes collected? (Date and Time)				
Did the stallion ha	ve any type of illn	ess prior to c	ollection of th	e testes?
				on of the testes?
Owner Name:				
Primary Phone:				
Owner Email:				
Reproductive Age	ent (if applicable)	· ·	(Cell Phone:

- 1. A non-refundable deposit and General Stallion Contract are required to collect and evaluate the epididymal sperm. Please use the secure link provided in your initial email to place a card on file for the service. This card will be used for any and all fees associated with CSU ERL stallion services.
- 2. All fees for the service are listed on the last page of the General Stallion Services Contract.
- 3. <u>If the sperm motility is below industry standard, we will contact you and not proceed with the cryopreservation or any additional charges unless requested by owner.</u>
- 4. As part of the freezing protocol, we will perform a test-thaw on one straw to determine post-thaw motility. We will contact you with the results of the test-thaw and discuss storage or shipment options.
- 5. Semen storage is \$25/month for up to 400 straws. *Actual prices may vary*