



CERTIFICATE OF SEMEN COLLECTION AND FREEZING

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

STUD IDENTIFICATION		
REGISTERED NAME:		
REGISTRATION NUMBER:		
BREED:	COLOR:	DOB:
TATTOO/MICROCHIP:		
SIRE REG. NAME:		
SIRE REG. NUMBER:		
DAM REG. NAME:		
DAM REG. NUMBER:		
DNA NUMBER (If completed already):		

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

Signature: _____ Date: _____

I hereby certify that the dog described above was presented for semen collection on the date(s) listed below. At the time of semen collection the dog was clinically examined and found to be free from any signs of disease, contagious or other. The dog 's rabies vaccination was current at the time of collection, and had two testicles normally developed in the scrotum.

Signature: _____ License Number: _____ Date: _____

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

SEMEN COLLECTION LOCATION	
COLLECTOR NAME:	
NAME OF FACILITY: Colorado State University Veterinary Teaching Hospital	
ADDRESS: 300 W. Drake Rd.	
CITY/STATE/ZIP: Fort Collins, CO 80523	
TELEPHONE NUMBER: (970)297-5000	FAX NUMBER: _____

SEMEN STORED AT:
Colorado State University Veterinary Teaching Hospital
300 W. Drake Rd.
Fort Collins, CO 80523