

Authority to Request Co-Ownership of Frozen Semen From Colorado State University		
Owner of Frozen Semen		
Name:		
Address:		
Phone:		
Email:		
Details of Frozen Semen		
Registered Name:		
Call Name:		
Breed:		
Registration No:		
CSU Reference No:		
Number of straws/vials:		
Purpose for release of semen		
Assign Co-ownership		
Co-owner of Frozen Semen		
Name:		
Address:		
Phone:		
Email:		
I the Current Owner of the frozen semen requested authorize the above:		
Signed		Date
I the Co-Owner of the frozen	semen agree	e to the above:
Signed		Date
All semen is stored and transported at the semen owner's own risk. Is it the semen owner's responsibility to insure the semen. Colorado State University accepts no responsibility for any defects detected in any semen or containers shipped from Colorado State University after it leaves the premises.		
Colorado State University Veterinary Teaching Hospital 300 W. Drake Road Fort Collins, CO 80521 (970) 297 5000 vth reproduction@colostate.edu		