C.L.O.N.E. West

2695 East Foothill Blvd., Pasadena, CA 91107 (626) 796-8387 FAX (626) 796-9251

I Authorize: (check one)

_____ INSEMINATION
_____ SHIPMENT FOR INSEMINATION
_____ TRANSFER OF OWNERSHIP
_____ TRANSFER OF STORAGE LOCATION
_____ DESTRUCTION

OF FROZEN SEMEN

On Dog Listed Below

Registered Name Of Dog: _____
Registration Number: _____ Breed: _____

☐ **Number of Breeding Units to be released.**
(Typically 2-3 straws per breeding unit depending on post thaw motility.)

Semen Identification (For Office Use)		
Date	Stud ID	Straw ID
Total # of Straws		
# Of Breeding Units		
# Of Sperm Per Straw		
Post Thaw Motility		

Shipping/Transfer Date:

Technician Signature:

Complete if for Shipment and/or Transfer:

Name: _____

Phone: _____

Address: _____

City: _____

State: Zip Code:

Complete if for Insemination of Bitch:

Registered Name: _____
Reg. #: _____ Breed: _____
Owner: _____
Phone: _____

I Authorize the above Transaction and Certify I am the Legal Owner of the Frozen Semen listed above.

Signature: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Today's Date: _____

****Shipments require C/C Auth. Form****