



Colorado Veterinary Specialists

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International Frozen Semen Export Request

Date: _____

Owner of Semen: _____

Phone Number: _____ email: _____

Breed: _____

Registered Name of Dog: _____

Registry: _____ Registration Number: _____

Number of straws _____ or vials _____ to be exported

Original Collection/Storage Facility _____

Name of Importer: _____

Address of Importer: _____

Phone Number for Importer: _____

Email for Importer: _____

Importer's Veterinarian Name: _____

Veterinary Clinic Name: _____

Address (where semen will be shipped): _____

City: _____ State/Prov: _____

Postal Code: _____ Country: _____

Veterinarian Phone Number: _____

Veterinarian email: _____

Date Semen Is Required in Importing Country: _____

Some countries have specific import requirements that must be fulfilled before semen will be shipped. It is the importers responsibility to apply for necessary import permits and inform the exporter of any specific import requirements.