



Colorado Veterinary Specialists

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FROZEN SEMEN RELEASE FORM FOR TRANSFER OF OWNERSHIP

Submission Date: _____

Current Semen Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dog Information

Registered Name: _____

Registration Number: _____ Breed: _____

Number of Straws to be Transferred: _____ Original Collection Date: _____

Current Semen owner signature

New Semen Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____