

UF Large Animal Hospital  
Large Animal Reproduction  
2015 SW 16<sup>th</sup> Ave.  
Gainesville, Florida 32610

Phone: 352-392-2229  
Fax: 352-846-0207  
**e-mail:** vm-largeanimalhospital@mail.ufl.edu

FROZEN SEMEN TRANSFER AUTHORIZATION FORM

Stallion: \_\_\_\_\_

Number of doses to be transferred: \_\_\_\_\_ Number straws per dose: \_\_\_\_\_

Semen owned by: \_\_\_\_\_

Date of transfer: \_\_\_\_\_

I, as owner/authorized custodian of the frozen semen listed above, authorize UFVMC to release semen, collected and frozen from the stallion listed above, as follows (check one):

\_\_\_\_\_ Transfer to another location

Name of contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_ Transfer to a new owner

Name of new owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_ Destroy

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UF VMC USE ONLY:

Date completed: \_\_\_\_\_ By (initials): \_\_\_\_\_