

UF Large Animal Hospital
Large Animal Reproduction
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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): _____