

Testicle Information

(Please Complete Form & Return with Tissue)

Date of Recovery:		Name of Veterinarian/Phone#:	
Animal ID: (only)		Client Information <i>Name:</i>	
Animal Information <i>Animal Name:</i>		<i>Address:</i>	
<i>Registration #:</i> <i>(Include Copy of Registration)</i>	<i>DNA Typed:</i> Yes No	<i>City, State & Zip:</i>	
<i>Species:</i>	<i>Breed:</i>	<i>Primary Phone:</i>	<i>Fax:</i>
<i>Age:</i>		<i>Secondary Phone:</i>	<i>Email:</i>

Medical Condition:	Exposure to Infectious Agents? (Please List/Include Recent Health Papers)
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If animal is deceased, please provide detailed information about cause of death and storage/handling conditions of body/ testicles prior to removal. Include time of death and storage temperatures.

Will this semen be exported outside the U.S.? _____ If yes, please list country(ies) _____

I hereby certify the above information is true and that I am the owner or have authority from the owner to collect and store semen from the animal listed above:

Signature: _____ Date: _____

Print Name: _____