



CENTRE HOSPITALIER  
UNIVERSITAIRE VÉTÉRINAIRE  
Faculté de médecine vétérinaire



## Frozen semen transfer authorization form

Effective date of transfer (dd / mm / yyyy) : \_\_\_\_\_

\_\_\_\_\_ (current owner of the semen) \_\_\_\_\_, hereby authorizes that  
\_\_\_\_\_ (amount of doses) \_\_\_\_\_ dose(s) of frozen semen of the stallion \_\_\_\_\_ (stallion's name)  
\_\_\_\_\_ be transferred to the following beneficiary :

Name of new beneficiary : \_\_\_\_\_

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

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

\_\_\_\_\_

Email : \_\_\_\_\_

Phone number (home) : \_\_\_\_\_

Phone number (cell phone) : \_\_\_\_\_

\_\_\_\_\_

Signature of semen's current owner

Please send this document to [theriogenologie@chuv.umontreal.ca](mailto:theriogenologie@chuv.umontreal.ca) ou by fax at (450) 778-8118

Section reserved for the use of the Theriogenology Service of the CHUV

Numéro unique des tiges

No unique	Étalon