



Authority to Request Co-Ownership of Frozen Semen From Colorado State University

Owner of Frozen Semen

Name:	
Address:	
Phone:	
Email:	

Details of Frozen Semen

Registered Name:	
Call Name:	
Breed:	
Registration No:	
CSU Reference No:	
Number of straws/vials:	

Purpose for release of semen

Assign Co-ownership

Co-owner of Frozen Semen

Name:	
Address:	
Phone:	
Email:	

I the **Current Owner** of the frozen semen requested authorize the above:

Signed _____ Date _____

I the **Co-Owner** of the frozen semen agree to the above:

Signed _____ Date _____

All semen is stored and transported at the semen owner's own risk. Is it the semen owner's responsibility to insure the semen. Colorado State University accepts no responsibility for any defects detected in any semen or containers shipped from Colorado State University after it leaves the premises.

Colorado State University Veterinary Teaching Hospital

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