



**Disposition Form**  
**ANIMAL CLINIC OF OXFORD**  
 2008 HARRIS DRIVE  
 OXFORD, MS 38655

SEMEN IDENTIFICATION	
Semen Owner's Name	
Registration Name	
Registration Number	

Collection Date	Straw ID #	No. of Straws

SEMEN RELEASE	
<p>As owner (or agent of the owner) of the above identified semen, I authorize representatives of Symbiotics Corporation to:</p> <p><input type="checkbox"/> To ship said semen to the person and address below for the purpose indicated below</p> <p><input type="checkbox"/> To transfer ownership of said semen to the person listed below</p> <p><input type="checkbox"/> To thaw said semen</p>	
Signature _____	Date _____

STORAGE FACILITY TRANSFER OR SHIPMENT FOR INSEMINATION SHIPPING ADDRESS					
Recipient's Name					
Recipient's Address					
City		State		Zip	
Ship Date		Phone Number			

FOR PURPOSES OF INSEMINATION			
Bitch Owner's Name			
Bitch Owner's Address			
Registration Name			
Registration Number		Breed	

SEMEN OWNERSHIP TRANSFER			
Name			
Address			
City		State	Zip
Phone Number		Email	