



**NOTIFICATION OF FROZEN CANINE SEMEN
SHIPMENT/TRANSFER**

REGISTERED NAME OF DOG:

REGISTRY AND NUMBER:

BREED:

Name and address of semen owner: _____

_____ Zip/Postal Code

Name and address of storage facility: INTERNATIONAL CANINE SEMEN BANK-INDIANAPOLIS
6225 North Broadway • Indianapolis, Indiana 46220
Phone: (317) 257-5334 • E-mail: b.ealing.dvm@bracpet.co

Name and address of frozen canine semen destination: _____

Shipment of frozen semen for (Circle) immediate use or further storage.

Date Shipped: _____

Registration # Date of Collection No. Vials Shipped

Total number of vials shipped =

Sincerely yours,

STrrfICSBIND-6/09

Dr. Benjamin Ealing, Director