



New Life Veterinary Services

Semen and Embryo Pick-Up/Drop-Off Form

Date: _____

Client Information

Owner Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Procedure Type

- **Pick-Up**
- **Drop-Off**

Details of Items

- **Number of Semen Samples:** _____
- **Number of Embryos:** _____

Authorized Pickup/Drop-Off Information

If the individual picking up or dropping off is not the owner, please provide the following information:

Authorized Person's Name: _____

Relationship to Owner: _____

Phone Number: _____

Authorization for Release

I, the undersigned, authorize the pickup and/or drop-off of the above-mentioned semen and/or embryos by the authorized individual listed above. I release New Life Veterinary Services from any liability related to the release of these items to the authorized person.

Owner's Signature: _____

Printed Name: _____

Date: _____



Office Use Only:

Received By: _____

Date Received: _____

Notes: _____