## C.L.O.N.E. West

20930 Victory Blvd., Woodland Hills, CA 91367 (818) 710-8528 FAX (818) 710-9312 2695 East Foothill Blvd., Pasadena, CA 91107 (626) 796-8387 FAX (626) 796-9251

INSE	(check one) MINATION MENT FOR INS NSFER OF OWN NSFER OF STOI TRUCTION	IERSHIP		OF FROZEN SEMEN On Dog Listed Below
Nun (CLO	<b>nber of Bree</b> NE will determ	ding Units nine how ma	to be release any straws make	Breed:ed. ed. e up a breeding unit - ding on post thaw motility.)
Semen Identification (For Office Use)			Complete if for Shipment and/or Transfer:	
Date	# of Straws	Straw ID	Phone: Address: City: State: Complete if Registered N Reg. #: Owner:	Zip Code:  F for Insemination of Bitch:  Name: Breed:
# Of Breeding Units  # Of Sperm Per Straw  Post Thaw Motility  Shipping/Transfer Date:  Technician Signature:			the Legal Ov Signature: _ Printed Nam Address:	the above Transaction and Certify I am wher of the Frozen Semen listed above.  ne: State: Zip:
			I I	Today's Date: ments require C/C Auth. Form**