

**NATIONAL GREYHOUND ASSOCIATION  
FROZEN INSEMINATION  
SHIPPING-RELOCATION REPORT**



**Name of sender** \_\_\_\_\_  
(Center, Satellite or Inseminator)

**Name of Greyhound** \_\_\_\_\_  
(Whose semen is being shipped)

**Destination** \_\_\_\_\_  
(Name of receiving Inseminator, Satellite or Center)

**Date semen shipped** \_\_\_\_\_

**Method of Shipment** \_\_\_\_\_

**Purpose of Shipment (check one):**

\_\_\_\_\_ **for immediate use by** \_\_\_\_\_  
(Approved Inseminator's Name)

\_\_\_\_\_ **for storage in approved Facility** \_\_\_\_\_  
(Name of Center or Satellite)

<b>IDENTITY OF STRAWS OR VIALS SHIPPED</b>			
<b>Stud I.D. No.</b>	<b>Facility I.D. Letter</b>	<b>Draw No.</b>	<b>Split Letter</b>

I hereby certify that the above data is a true and accurate record of the shipping relocation of frozen semen from this facility.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of agent representing sending Facility)

**THIS REPORT MUST BE FILED WITH THE NATIONAL GREYHOUND ASSOCIATION WITHIN 10 DAYS OF RELOCATION.**