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Embryo Request Form

Please fill out as much of the following information as possible

Date of Request: ___/___/___ Requested Shipping/Arrival Date: ___/___/___

Requestor: _____ Phone# (____)____-_____

Owner of embryos (if different than requestor): _____

Are these embryos owned in a partnership? (Y/N)

If yes, please list all partners: _____

Shipping Address:

Billing Name / Address (if different):

Cane Code	Freeze Date	Donor Reg. Name	Donor Reg. #	Sire Reg. Name	Sire Reg. #	# Embryos

Additional comments / notes: _____

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Office Use Only

Form accepted by: _____ Form completed by: _____

Packed by: _____

Shipping charges: _____ Handling charges: _____

Invoiced: _____ Call Tag issued: _____

Date completed: ___/___/___