

UF Large Animal Hospital
Large Animal Reproduction
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DRY SHIPPER RENTAL FORM

Name: _____ Client ID: _____

Address: _____

Phone: _____

E-mail: _____

I understand that this dry shipper is the property of the University of Florida and I am renting it to transport frozen semen only. I will not use it for any other purpose than to relocate the frozen semen listed below. I agree to return this dry shipper to the University of Florida by the date specified below. I understand that I will incur a late fee of \$20 per day for each day that the dry shipper is late, past the return date. I also agree to pay for any damages that occur to this dry shipper while it is under my care, including replacement at \$1,000.00, if necessary.

Frozen semen ID: _____

Number of doses: _____

Date of Rental: _____ Due date for return: _____

Comments: _____

Signature: _____ Date: _____

UF VMC USE ONLY:

Date of return: _____ Received by (initials): _____