Authorization for Destruction of Canine Frozen Semen

Semen Owner:___________________________

Address:________________________________

City: __________________________________

State:______________Zip:________________

Home Phone:____________________________

Cell Phone: _____________________________

Email:__________________________________

Semen Co-Owner:_______________________

Address:________________________________

City: __________________________________

State:______________Zip:________________

Home Phone:____________________________

Cell Phone: _____________________________

Email:__________________________________

Stud Call Name: ________________________________

Registered Name:_______________________

Reg Body #: ____________________________________

Breed:__________________________________

Birthdate: _____________________________________

Color:__________________________________

DNA #: ____

Collection(s) # of semen to be destroyed: ____

Total # of breeding unit(s) to be destroyed: ____

Effective immediately, I authorize the destruction of the following canine semen currently stored at IGHAH: _________________ breeding unit(s) from collection(s) #__________________ obtained from the above named dog.

Owner Name:____Date: _______________

Signature: ____

Co-Owner Name:____Date: _______________

Signature: ____

Inver Grove Heights Animal Hospital
7131 Cahill Avenue
Inver Grove Heights, MN 55076
Phone: (651)451-4404
Fax: (651).451-4879
www.ighvet.com