



Sachse Veterinary Hospital

International Canine Semen Bank- Texas

4730 Ranch Road Sachse, Texas 75048

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FROZEN CANINE SEMEN OWNER RELEASE FOR DISPOSAL

This document, when completed, signed, witnessed and dated, requests ICSB-Tx and Sachse Veterinary Hospital to dispose of the frozen canine semen listed below. All Owners and co-owners of this dog's frozen semen must sign this document in order for the semen to be destroyed. This original signed form must be submitted. The account on this dog will remain open until this completed document is received in our office.

I, _____

(Name of present owner, co-owners of frozen semen)

do hereby transfer all rights of the ownership and interest in the following frozen semen to SACHSE VETERINARY HOSPITAL. This request is for the frozen canine semen on the dog listed below to be destroyed/disposed:

(Registered name of dog)

(Registration Number)

(Breed)

The following semen from the above dog is to be destroyed

Date of Collection: _____ Number of Vials _____

Date of Collection: _____ Number of Vials _____

Date of Collection: _____ Number of Vials _____

ALL SEMEN FROM THE ABOVE DOG _____

(SIGNATURE HERE IF YOU WISH TO DESTROY ALL OF THE FROZEN SEMEN ON THE DOG)

I/We do request that the specific frozen semen listed above be destroyed:

_____/_____/_____
Semen Owner's Signature Date

Semen Owner's Printed Name Phone Number

_____/_____/_____
Semen Co-Owner's Signature Date

Semen Co-Owner's Printed Name Phone Number

Witness Signature