North Oatlands Animal Hospital

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www.noahvets.com

Request for Frozen Canine Semen Destruction

PLEASE READ CAREFULLY BEFORE COMPLETING AND RETURNING THIS FORM!

Submission of this completed, witnessed and signed document authorizes the destruction of the frozen canine semen currently stored at our facility for the stud dog specified below. This document must be completed and signed by the current PRIMARY semen owner. Upon receipt of this document, NOAH will send a notice confirming the information and specifying the date on which the semen will be destroyed. If multiple owners exist for the semen or if you have further questions, feel free to contact our office.

STUD DOG INFORMATION

Registered Name _____

Registry and Number _____ Call Name _____

☐ Please mark this box ONLY if you wish to destroy ALL the frozen semen currently stored for the above stud dog.

OR

Please specify, by date, the individual collection(s) you wish to destroy for the above stud dog.

Date Of Collection_____ Number of Vials_____
Date Of Collection_____ Number of Vials_____
Date Of Collection_____ Number of Vials_____
Date Of Collection_____ Number of Vials_____

By signing below, I do authorize NOAH to destroy the frozen canine semen described above and agree to pay the $50.00 destruction fee.

_____ _____ _____
Signature of Current Semen Owner Date Phone Number

_____ _____
Printed name of current semen owner Address

_____ _____
Signature of Witness Printed Name of Witness

If paying for destruction with a credit card, please list the information below. By signing above, you are authorizing NOAH to run destruction fees on the below listed credit card

_____ _____ _____
Credit Card Number Expiration CCV#