
**Sachse Veterinary Hospital**
International Canine Semen Bank- Texas
4730 Ranch Road Sachse, Texas 75048
972.442.4441 . 972.442.7908(fax) . sachsevet@yahoo.com

**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