



SACHSE VETERINARY HOSPITAL

4730 Ranch Road . Sachse, Texas 75048

972.442.4441 . sachsevet.com

International Canine Semen Bank - Texas Semen Release For Disposal

This request is for the frozen semen on the dog listed below to be disposed of:

Registered Name of Dog

Breed

Registry

Registry No.

The following semen from the above dog is to be disposed of:

Date of Collection	No. of Vials
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____

This document once completed, signed, witnessed, and dated requests ICSB-TEXAS to dispose of the frozen canine semen listed above. All Co-owners of this frozen semen must sign this document in order for the semen to be destroyed.

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

Signature of Present Semen Owner

_____/_____/_____
Date

Printed Name of Semen Owner

Address of Semen Owner

City

State

Zip

(_____) _____ - _____
Telephone No. of Semen Owner

(_____) _____ - _____

Signature of Co-owner (if applicable)

_____/_____/_____
Date

Witness Signature

_____/_____/_____
Date