

INTERNATIONAL CANINE SEMEN BANK-KNOXVILLE

Village Veterinary Medical Center
11301 Kingston Pike
Farragut, Tennessee 37934
(865) 966-8900 Fax: (865)675-4297



FROZEN CANINE SEMEN OWNER RELEASE FOR DISPOSAL

This document, when completed, signed, witnessed and dated, requests ICSB-KNOXVILLE 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. FAX copies are not binding. The account on this dog will remain open until this completed document is received in our office.

I, _____
(Name of present owner, coowners of frozen semen)

do hereby transfer all rights of ownership and interest in the following frozen semen to INTERNATIONAL CANINE SEMEN BANK - KNOXVILLE. This request is for the frozen canine semen on the dog listed below to be destroyed/disposed:

_____, _____,
(Registered name of dog) (Registry)

_____, _____,
(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.

(Date) [Signature(s) of Present Semen Owner and Coowner(s)]

[Signature(s) of Present Semen Owner and Coowner(s)]

Printed Name(s) of Semen Owner/Coowner(s)

Printed Name(s) of Semen Owner/Coowner(s)

(Address of present semen owner Zip

Telephone Number (_____) _____

(Witness signature)_____