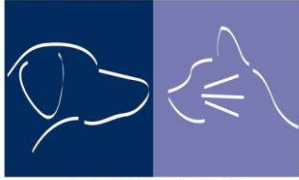


CLIFTWOOD



ANIMAL
HOSPITAL

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, Cliftwood Animal Hospital 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 _____

By signing below, I do hereby authorize Cliftwood Animal Hospital to destroy the frozen canine semen described above.

Signature of current semen owner

Date Phone Number

Printed name of current semen owner

Address

Signature of Witness

Printed name of witness