

Authorization to Dipose

Registration Number

Breed

Registered Name

Date of Collection

Number of breeding doses

Date of Collection

Number of breeding doses

Date of Collection

Number of breeding doses

☐

OR, check here and sign to dispose ALL frozen semen for this dog
X

signature to destroy ALL semen from above dog

This form must be signed by ALL current owners of the above mentioned semen.

*I/We, the undersigned owners of the semen above stored at **685 Knox Bridge Trl, Canton, GA 30114**, request that the semen be **DISPOSED** of and **DESTROYED** effective immediately. I/We understand that our account must be at a zero balance in order to proceed with disposal.*

Printed Name(s) of Semen Owner(s)

Signature of Current Semen Owner(s)

Date

Signature of Current Semen Owner(s)

Date