

INTERNATIONAL CANINE SEMEN BANK – NORTHEAST (ICSB-NE)

455 Central Avenue – Seekonk MA 02771
 Phone: 508-761-8525 Fax: 508-761-7256
 Email: centralveticsb@aol.com
 Web: www.centralavevethospital.com

**OWNER'S AUTHORIZATION TO DESTROY STORED FROZEN SEMEN**

THIS FORM MUST BE COMPLETED, SIGNED AND DATED WHEN THE SEMEN OWNER WISHES TO DISPOSE OF THE FROZEN CANINE SEMEN LISTED BELOW.
 ALL OWNERS AND CO-OWNERS OF THE DOG'S FROZEN SEMEN MUST SIGN AND DATE THE COMPLETED FORM FOR THE SEMEN TO BE DESTROYED.

THE COMPLETED, SIGNED AND DATED FORM CAN BE EMAILED OR FAXED TO BEGIN THE PROCESS. HOWEVER, THE ORIGINAL COMPLETED, SIGNED AND DATED FORM MUST BE RECEIVED BY ICSB-NE TO FINALIZE THE PROCESS. THE ACCOUNT ON THIS DOG WILL REMAIN OPEN UNTIL THE COMPLETED FORM IS RECEIVED IN OUR OFFICE.

EMAIL COMPLETED FORM TO:
 centralveticsb@aol.com

FAX COMPLETED FORM TO:
 508-761-7256

ALL COMPLETED, SIGNED AND DATED FORMS MUST BE SENT DIRECTLY TO ICSB-NE TO FINALIZE THE PROCESS:
 International Canine Semen Bank Northeast - 455 Central Avenue - Seekonk, MA 02771

SEMEN OWNER'S AUTHORIZATION TO RELEASE FROZEN SEMEN

Registered Name of Dog:		
Dogs Call Name:		
Breed:	Color(s):	
Date of Birth:	Registry: <input type="checkbox"/> AKC <input type="checkbox"/> CKC <input type="checkbox"/> UKC <input type="checkbox"/> Other <i>(please specify)</i>	
DNA Identification Number:	Registration Number:	
SEMEN TO BE DESTROYED		
Destroy all Semen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Destroy partial amount of stored Semen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Initials:		Co-Owner Initials:
Date of Collection:	Number of Vials:	ICSB ID#
Date of Collection:	Number of Vials:	ICSB ID#
Date of Collection:	Number of Vials:	ICSB ID#
Date of Collection:	Number of Vials:	ICSB ID#
OWNER INFORMATION		
Name:		
Address:		
City/Town:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
CO-OWNER INFORMATION		
Name:		
Address:		
City/Town:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
OWNERS SIGNATURES		
Owner Signature:		Date:
Co-Owner Signature:		Date:
I/WE THE UNDERSIGNED DO HEREBY TRANSFER ALL RIGHTS OF OWNERSHIP AND INTEREST IN THE ABOVE MENTIONED FROZEN SEMEN TO ICSB-NE. THIS AUTHORIZATION FOR TRANSFER AND DESTRUCTION OF THE FROZEN SEMEN IS FOR THE CANINE LISTED ABOVE.		
WITNESS SIGNATURE		
Printed Name of Witness:		
Witness Signature:		Date:
BELOW IS FOR ICSB-NE USE ONLY		
Notes:		