

Animal Hospital of Woodstock
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FORM #5

DESTRUCTION OF FROZEN SEMEN AUTHORIZATION

Semen owner name: _____

Address: _____ Phone: _____

_____ E-mail: _____

Dog's registered name (without titles): _____

Dog's call name: _____

Registration club and #: _____

DNA profile #: _____

Breed: _____

Collection date: _____ Collection #: _____

Number of breeding units: _____

Number of straws: _____ Number of vials: _____

Tank: _____ Position: _____

Date frozen: _____

Date destroyed: _____

Reason: _____

I hereby state that I am the owner of the above mentioned semen and that I authorize the Animal Hospital of Woodstock to destroy said semen collected from dog listed above.

Signature of semen owner

Date