

North Oatlands Animal Hospital & Reproduction Center

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Dominion Valley Animal Hospital

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FROZEN SEMEN DESTRUCTION AUTHORIZATION FORM

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. The cost of this service is understood to be \$55.00* and payable before this service is performed. If paying by Credit Card, your signature below further authorizes NOAH to run charges on the Card listed.

Further, this document must be completed and signed by the current PRIMARY semen owner. Upon receipt of this document, NOAH 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 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 _____
Date of Collection _____	Number of Vials _____
Date of Collection _____	Number of Vials _____

By signing below, I hereby authorize NOAH to destroy the frozen canine semen described above and agree to pay the destruction fee.

Signature of Current Semen Owner Date Printed Name

Signature of Witness Date Printed Name

Circle One: Visa MasterCard AmEx Discover

Cardholder's Name _____ Billing Phone Number _____ Billing Zip Code _____

CC#: _____ CVV# _____ Expiration Date: _____

Please fax back to NOAH at 703-777-2758 or Scan and return via Email to info@noahvets.com