

Disposition of Canine Frozen Semen upon Death or Incapacitation

Semen Owner Name: _____

Phone Number _____ Date: _____ Acct # _____

CHECK ONE

1) ___ In the event of my death or permanent incapacitation, I transfer all rights and ownership of all frozen semen from the named dog to the following individual:

Name

Address

Phone

Registered name and all call names used for this Dog:

Signature of Semen Owner:

<OR>

2) ___ In the event of my death or permanent incapacitation, I authorize Brittmoore Animal Hospital, Inc. to discontinue storage of and destroy all frozen semen on the following dog:

Registered name and call names for this Dog:

Signature of Semen owner:

Please complete a separate form for each and every dog with frozen semen stored with Brittmoore Animal Hospital, Inc.