

Brittmoore Animal Hospital
1236 Brittmoore Rd.
Houston, Texas 77043
Office 713.468.8253
Fax 713.468.8995

This is to inform Brittmoore Animal Hospital to **DISCONTINUE** semen storage service.
I understand that my decision to discontinue service will result in destruction of the semen.

CLIENT ID# _____

CLIENT FIRST NAME: _____ CLIENT LAST NAME: _____

I have decided to **DISCONTINUE** semen storage service with the following names.

(Name of Pet) (Reason for Decision) (Your Initials)

(Name of Pet) (Reason for Decision) (Your Initials)

(Name of Pet) (Reason for Decision) (Your Initials)

(Name of Pet) (Reason for Decision) (Your Initials)

(Name of Pet) (Reason for Decision) (Your Initials)

(Name of Pet) (Reason for Decision) (Your Initials)

(Name of Pet) (Reason for Decision) (Your Initials)

(Name of Pet) (Reason for Decision) (Your Initials)

(SIGNATURE)

(DATE)

A SIGNATURE MUST BE ON THIS FORM TO PROCESS YOUR DECISION