



Chino Hills

Animal Hospital and Pet Resort

OWNER RELEASE FOR DISPOSAL OF CANINE FROZEN SEMEN

This document, when completed, signed, and dated, requests Chino Hills Animal Hospital and Pet Resort to dispose of the frozen canine semen listed below. All Owners and co-owners of this dog's frozen semen must sign this document in order for the semen to be destroyed. The original signed form must be returned. FAXED and EMAILED copies are not binding. The account on this dog will remain open until this completed document is received by our office. Once our office has received the original copy, I understand the semen will be disposed of immediately and there will be NO rescinding, withdrawing, or canceling this contract.

I _____

(Name of present owner, co-owners of frozen semen) do hereby transfer all rights of ownership and interest in the following frozen semen to Chino Hills Animal Hospital and Pet Resort.

This request is for the frozen canine semen on the dog listed below to be destroyed/disposed of:

Registered name of dog

Registry

Registration number

Breed

Read, Acknowledged and Accepted:

Signature of semen owner

Printed name of semen owner

Telephone Number (_____) _____

Date