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A Division of Wilson Veterinary Hospital

I authorize a Michigan Canine Reproductive Services (MCRS) representative to discuss my semen storage account with me over the telephone. I understand that MCRS may record this conversation if they so choose. I understand I will be asked for my social security number and my mother's maiden name for verification purposes.

This authorization will remain in effect until cancelled, in writing, by me.

Accept (Please Sign at Bottom)

Name (Print) _____

Address _____

Telephone (Home) _____

(Work) _____

Date _____

Witness _____

TO BE USED FOR VERIFICATION PURPOSES ONLY:

Mother's Maiden Name _____

Last Four (4) Digits of Your Social Security Number _____

Decline (Please Sign Below)

Signed _____