

12000 Durham
Washington, MI 48095



Phone: (586) 752-6217
Fax: (586) 752-1532

A Division of Wilson Veterinary Hospital

Date

In reviewing (dog's name)'s record, it has come to our attention that the item(s) check below are needed for the record's completion. Please forward them to us as soon as possible.

_____ A photocopy of your dog's AKC registration.

_____ A side color picture of your dog for identification purposes.

_____ A front color picture of your dog for identification purposes.

_____ A completed telephone authorization form (enclosed). This is optional, and needs to be completed only if you would like to be able to release frozen semen by telephone. If you choose not to use this form, please notify our office so that it may be noted in your record.

_____ A signature on the enclosed contract.

_____ A copy of the most recent Brucellosis test result.

_____ Other: _____

As a reminder, the frozen semen cannot be utilized for breeding until the above items are completed.

If you have any questions regarding this material, please contact Brenda Marsiglio.

Thank you for your cooperation.

Sincerely,