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A Division of Wilson Veterinary Hospital

Semen Disposition Form: Destroy Semen

SEMEN IDENTIFICATION

Semen Owner's Name			
Registration Name			
Registration Number		Breed	

Collection Date	Straw/Vial ID Number	Number of Straws/Vials and Breeding Units

SEMEN RELEASE

As owner or agent of the owner of the above identified semen, I authorize representatives of Wilson Veterinary Hospital's Department of Reproduction (Michigan Canine Reproduction Services) **to destroy said semen.**

Signature: _____ Date: _____

WVH/MCRS Team Member: _____

3/21/2018

Semen Disposition Form