Animal Clinic
Northview, Inc.

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Authorization To Destroy Frozen Semen

By my signature, I give Animal Clinic Northview, Inc. permission to destroy the frozen semen from the dog specified below.

Registered Name of Dog:

Dog's Call Name: **Registry:**

Registration Number: **Breed:**

Frozen Semen Owner/Co-Owner Printed Name:

Frozen Semen Owner/Co-Owner Signature:

Date:

If a semen account is not paid with in 90 days after the due date, the account will be closed and semen will no longer maintained.

Revised 3/6/2023