



INTERNATIONAL CANINE SEMEN BANK - OREGON  
 MAIN OFFICE | P.O. Box 651 | Sandy, Oregon 97055  
 Phone: 503-663-7031 | FAX: (503) 676-8025  
 Email: ik9sb@aol.com | Website: www.ik9sb.com

## Frozen Canine Semen Owner Release For Disposal

**This document, when completed, signed, witnessed and dated, requests ICSB-OR 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 account on this dog will remain open until this completed document is received in our office.**

I/we, the current owner(s):

\_\_\_\_\_,  
 do hereby request International Canine Semen Bank – Oregon to dispose/destroy of the designated frozen canine semen listed below:

Registered Name of Dog:

\_\_\_\_\_  
 Registry and Registration Number: \_\_\_\_\_

Breed: \_\_\_\_\_

The following semen from the above dog is to be destroyed:

Date of Collection: _____	Number of Vials: _____
Date of Collection: _____	Number of Vials: _____
Date of Collection: _____	Number of Vials: _____
Date of Collection: _____	Number of Vials: _____
Date of Collection: _____	Number of Vials: _____

Check if ALL semen from the above-listed stud currently stored at ICSB-Oregon is to be destroyed. If this box is checked and by my/our signature(s) below, I/we agree for ICSB-Oregon to list of all the semen currently stored in my/our name(s) on this Release for Disposal.

**I/we do request that the specific frozen semen listed above be destroyed:**

Date: \_\_\_\_\_

SIGNATURE(S) of Semen Owner(s):

\_\_\_\_\_  
 Address of Semen Owner(s): \_\_\_\_\_

\_\_\_\_\_  
 Phone Number(s) of Current Semen Owner(s): \_\_\_\_\_

\_\_\_\_\_  
 Email Address(es) of Current Semen Owner(s): \_\_\_\_\_

\_\_\_\_\_  
 (Witness signature)