 AUTHORIZATION TO DESTROY STORED SEMEN

200 SEAWELL ST

SANFORD NC 27332

INFINITYK9@GMAIL.COM

**By signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as owner of the semen from the below named dog, agree to Infinity Canine, LLC and its employee’s to destroy all semen currently being stored in liquid nitrogen its facility located within Sanford Animal Hospital. By doing this, I understand that once destroyed, there will no longer be semen stored with Infinity Canine, LLC on the below named dog.**

**I also understand that all debts to Infinity Canine, LLC must be paid for in full prior to destruction. If debts are not paid, storage of the semen will be continued and further charges may be added to the account with payment expected on the account.**

**Infinity Canine, LLC and its employees, will not be held responsible for the destruction of the semen after the below signed date.**

*Registered Name of Dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Call name of Dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Number of straws to be destroyed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

I understand that all specified semen of the above named dog, will be destroyed from the below signed date.

*Printed Name of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Owner’s current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*