



ICSB –Kentucky Frozen Canine Semen Disposal Form

This form must be completed by the semen owner & co-owner(s) and submitted to ICSB- Kentucky before the frozen semen can be destroyed.

I hereby authorize ICSB of Kentucky to dispose of semen stored in their facility on the following dog:

Registered Name of Dog: _____

Breed: _____

AKC/or Reg.: # _____ Call Name: _____

Name: _____ Phone: # _____
(Semen Owner)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Signature: _____ **Date:** _____
(Semen Owner)

If there are Co-Owner(s); signature(s) are required.

Signature: _____ **Date:** _____
Print Name: _____

Signature: _____ **Date:** _____
Print Name: _____

Please complete and return this form to ICSB-Kentucky

P.O. Box 425 Pewee Valley, Kentucky 40056

Fax (502)241-4030

Email: pvcvets.Rdept@gmail.com

Office Use Only

Tank: # _____ ICSB Storage Number: _____

Number of Breeding Doses: _____ Date Destroyed: _____