



## 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: \_\_\_\_\_

(Semen Owner)

Phone: # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Semen Owner)

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

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

**Signature:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

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

**Please complete and return this form to ICSB-Kentucky**

**P.O. Box 425 Pewee Valley, Kentucky 40056 or Fax (502)241-4030**

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Office Use Only

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Tank: # \_\_\_\_\_ ICSB Storage Number: \_\_\_\_\_

Number of Breeding Doses: \_\_\_\_\_ Date Destroyed: \_\_\_\_\_