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## Disposition of Canine Frozen Semen upon Death or Incapacitation of Owner

### Owner Information

First & Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Dog Information

Registered name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Call name(s) used: \_\_\_\_\_

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

### **Initial one**

\_\_\_\_\_ In the event of my death or permanent incapacitation, I authorize Olney-Sandy Spring Veterinary Hospital to discontinue storage of and destroy all frozen semen on the dog listed above.

**<OR>**

\_\_\_\_\_ In the event of my death or permanent incapacitation, I transfer all rights and ownership of all frozen semen from the dog listed above to the following individual:

First & Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of semen owner

\_\_\_\_\_  
Date

Please complete a separate form for each dog with frozen semen stored with Olney-Sandy Spring Veterinary Hospital