



1300 Olney-Sandy Spring Road
Sandy Spring, Maryland 20860
Ph: 301-774-9500
Fax: 301-570-5121
Email: reception@ossvh.com

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