



Colorado Veterinary Specialists

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www.covetspec.com

FROZEN SEMEN RELEASE FORM FOR DESTRUCTION OF SEMEN

Submission Date: _____

Semen Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dog Information

Registered Name: _____

Registration Number: _____ Breed: _____

I request destruction of all frozen semen currently in storage

I request destruction of all semen frozen on this date: _____

Semen owner signature

**PLEASE EMAIL TO REPRODUCTION @COVETSPEC.COM
OR FAX TO 303-794-4881**