

Authorization to DESTROY Frozen Semen
To be completed by the stallion/semen owner/agent

Semen Owner/Agent: _____ Phone: _____
Street Address: _____ Fax: _____
_____ Email: _____
City, State, Zip: _____

I give Rood & Riddle Equine Hospital (RREH) permission to destroy frozen semen from the following stallion as indicated below. *Please check one of the below options.*

Stallion: _____
Breed: _____ Reg. #: _____

- Destroy **ALL** doses in storage with RREH
- Destroy doses with a post thaw motility equal to and lower than _____%.
- Destroy the lowest motility doses until there are _____dose(s) remaining in storage.
- Destroy doses specified on attached form.
- Current inventory report can be provided upon request.*

Other instructions: _____

Would you like to donate your semen selected to be destroyed to our research and development program?
This semen will help us test and develop our protocols and will never be sold or used to breed a mare.

Yes No

- Semen owner/agent shall remain obligated to pay for all services provided, including storage of semen until a signed authorization to destroy form is returned to RREH and all invoices are paid in full.
- The owner/agent listed above attests that they own this semen or have been granted authorization to make decisions regarding this frozen semen and can therefore approve its destruction.
- No semen will be destroyed without the signature of the semen owner/agent.

Signature: _____ Date: _____

Print name: _____