



Brittmoore Animal Hospital
1236 Brittmoore Rd.
Houston, TX 77043
713-468-8253 Fax 713-468-8253
repro.bah@gmail.com

Semen Discontinuation Form

This is to inform Brittmoore Animal Hospital to **DISCONTINUE** semen storage service.
I understand that my decision to discontinue service will result in destruction of the semen.

CLIENT ID# _____

CLIENT FIRST NAME: _____ CLIENT LAST NAME: _____

I have decided to **DISCONTINUE** semen storage service with the following names.

_____ (Name of Pet)	_____ (Reason for Decision)	_____ (Your Initials)
_____ (Name of Pet)	_____ (Reason for Decision)	_____ (Your Initials)
_____ (Name of Pet)	_____ (Reason for Decision)	_____ (Your Initials)
_____ (Name of Pet)	_____ (Reason for Decision)	_____ (Your Initials)
_____ (Name of Pet)	_____ (Reason for Decision)	_____ (Your Initials)
_____ (Name of Pet)	_____ (Reason for Decision)	_____ (Your Initials)
_____ (Name of Pet)	_____ (Reason for Decision)	_____ (Your Initials)
_____ (Name of Pet)	_____ (Reason for Decision)	_____ (Your Initials)

(SIGNATURE) _____
(DATE)

A SIGNATURE MUST BE ON THIS FORM TO PROCESS YOUR DECISION