



Brittmoore Animal Hospital  
 1236 Brittmoore Rd.  
 Houston, TX 77043  
 713-468-8253 Fax 713-468-8995  
 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\***