



## Authorization to Destroy Frozen Semen

This document certifies that I, \_\_\_\_\_, am the owner of frozen semen from the stallion \_\_\_\_\_ stored at EquiGen, LLC, 15515 SW 170<sup>th</sup> Street, Archer, FL 32618, and have requested that EquiGen, LLC destroy \_\_\_\_\_ (# of straws) by thawing and discarding said frozen semen.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Note: Please include a copy of your driver's license or passport with this form. A personal phone call to EquiGen's office is also required to make this official.