



I authorize a South Mesa Veterinary Hospital representative to discuss my semen storage account with me over the telephone. I understand that South Mesa Veterinary Hospital may record this conversation if South Mesa Veterinary Hospital so chooses. I understand I will be asked my social security number and/or my mother's maiden name for verification purposes.

This authorization will remain in effect until cancelled, in writing, by me.

Accept (please sign at bottom)

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

TO BE USED FOR VERIFICATION PURPOSES ONLY:

Mother's Maiden Name: \_\_\_\_\_

OR

Last 4 digits of SSN: \_\_\_\_\_

Decline (please sign below)

Signed \_\_\_\_\_