

INTERNATIONAL CANINE SEMEN BANK – NORTHEAST (ICSB-NE)

455 Central Avenue – Seekonk MA 02771
 Phone: 508-761-8525 Fax: 508-761-7256
 Email: centralveticsb@aol.com
 Web: www.centralavevethospital.com



FROZEN CANINE SEMEN RELEASE FORM – ICSB-NE

THIS FORM MUST BE COMPLETED, SIGNED AND DATED WHEN THE SEMEN OWNER WISHES TO HAVE FROZEN SEMEN USED FOR ARTIFICIAL INSEMINATION.

THIS FORM IS NOT A TRANSFER OF OWNERSHIP.

THIS FORM CAN BE EMAILED OR FAXED TO BEGIN THE PROCESS. HOWEVER, THE ORIGINAL COMPLETED FORM MUST BE RECEIVED BY ICSB-NE TO FINALIZE THE PROCESS.

EMAIL COMPLETED FORM TO:
 centralveticsb@aol.com

FAX COMPLETED FORM TO:
 508-761-7256

ORIGINAL COMPLETED FORMS MUST BE MAILED TO ICSB-NE TO FINALIZE THE PROCESS:
 International Canine Semen Bank Northeast - 455 Central Avenue - Seekonk, MA 02771

SEMEN OWNER'S AUTHORIZATION TO RELEASE FROZEN SEMEN

Registered Name of Dog:	Call Name:
Breed:	Color(s):
Date of Birth:	DNA Identification Number:
Registry: <input type="checkbox"/> AKC <input type="checkbox"/> CKC <input type="checkbox"/> UKC <input type="checkbox"/> Other (please specify)	Registration Number:

OWNER CONTACT INFORMATION

Printed Name of Owner:		
Address:		
City/Town:	State:	Zip Code:
Home Phone:	Cell Phone:	Email:

SHIPPING INFORMATION

PLEASE SUBMIT THIS FORM TO ARRIVE AT ICSB-NE THREE BUSINESS DAYS BEFORE REQUESTED SHIPPING DATE. IF NOTICE IS LESS THAN THREE DAYS, A STAT FEE WILL APPLY AS FOLLOWS: ONE DAY NOTICE +\$50 AND SAME DAY NOTICE +\$100. IT MAY NOT BE POSSIBLE TO SHIP FROZEN SEMEN IF NOTICE IS GIVEN TOO LATE.

This semen should arrive on or before:	Date to be Shipped:
Number of Vials to Release (check one): <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Other (please specify)	

Name of Person Semen is Shipping to:		
Veterinary Facility:		
Address:		
City/Town:	State:	Zip Code:
Phone:	Fax Phone:	Email:

BITCH'S INFORMATION

Registered Name of Bitch:	Call Name:
Breed:	Color(s):
Registry: <input type="checkbox"/> AKC <input type="checkbox"/> CKC <input type="checkbox"/> UKC <input type="checkbox"/> Other (please specify)	Registration Number:
Name of Bitch Owner:	
Address:	
City/Town:	State:
Home Phone:	Cell Phone:
	Email:

METHOD OF PAYMENT

Shipping charges should be billed to (please check one): <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Credit Card #:	Exp. Date:	3 Digit Code:
Printed Name of Cardholder:		
Address of Cardholder:		
City/Town:	State:	Zip Code:
Phone:	Email:	
Signature of Cardholder:	Date:	

I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS

Date:	Semen Owner Signature:
Printed Name of Semen Owner:	
Date:	Semen Co-Owner Signature:
Printed Name of Semen Co-Owner:	

*** Shipping is usually paid by the bitch owner. The semen owner is ultimately responsible for all costs in the event the Bitch owner fails to return the tank.*

BELOW IS FOR INTERNATIONAL CANINE SEMEN BANK – NORTHEAST USE ONLY

Ship Prep:	Tank Rental:	Date Shipped:	Stat Fees:
Shipping Charges Out:	Back:	Tank#:	

Notes: