
**Sachse Veterinary Hospital**
International Canine Semen Bank- Texas
4730 Ranch Road Sachse, Texas 75048
972.442.4441 . 972.442.7908(fax) . sachsevet@yahoo.com

**FROZEN SEMEN RELEASE FORM**

 This form must be completed and submitted to Sachse Veterinary Hospital ICSB – Texas before frozen semen can be released. This form is NOT a transfer of ownership. Please try to submit this form to arrive least 3 working days before requested shipping date. If notice is less than two days, a STAT fee will apply as follows: $90. Shipments requiring delivery to or from an airport will incur additional charges by ICSB. It may not be possible to ship frozen semen if notice is given to late. THIS FORM WILL EXPIRE 90 DAYS FROM THE DATE LISTED BY THE SIGNATURE OF OWNER BELOW. IF NO ACCURATE DATE IS LISTED BY THE SIGNATURE LIINE, ICSB WILL FILL IN THE DATE. FAX 972 442 7908

Owner of Semen:

I hereby authorize ICSB – TX to release \_\_\_\_\_\_\_ vial(s) of semen or breedings from the following dog:

Registered Name:

Breed: Registry and No.

Ship to: Name ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Veterinary Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax or E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Use by: Bitch Owner ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Name of Bitch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registry and No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This semen shipment should be shipped to arrive by \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_
**IF THE DATE IS UNKOWN AT THE TIME OF SUBMITTING THIS FRM PLEASE ENTER “WILL CALL” FOR THE DATE OF THE SHIPMENT**

Signature of Semen Owner:

Printed Name of Semen Owner:

Address of Semen Owner

Payment (Please Circle) Visa M/C Amx Disc Check Cash

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Credit Card No. Exp. Date CCV# Name of Card Holder
Note: Account(s) must be current in order for frozen semen to be released for breeding. *While costs are usually paid by the bitch owner, the semen owner is ultimately responsible for all costs to ICSB - TX and for all shipping charges that are forwarded to ICSB – TX.*