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

**CANINE SEMEN STORAGE CONTRACT**

Registered Name: Call Name:

AKC #: Breed:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand Sachse Veterinary Hospital (ICSB-TX) will not be held accountable for the loss of semen due to tank failure, fire, flood, or any other hazardous conditions. Sachse veterinary Hospital (ICSB-TX) is NOT responsible for insuring semen. The semen owner(s) are responsible for insuring the semen. If one and/or any conditions effects the semen, Sachse Veterinary Hospital (ICSB-TX) will not be held accountable for damages, including monetary compensation.

\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_   
Semen Owner’s Signature Date

Semen Owner’s Printed Name

\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_   
Semen Co-Owner’s Signature Date

Semen Co-Owner’s Printed Name

Beneficiary Information

\_   
Printed Name of Beneficiary

\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  
Address City State Zip

(\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_ (\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_ (\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_  
Cell Home Work

\_\_\_\_\_\_\_\_\_ I am in agreement to the above-listed Beneficiary \_\_\_\_\_\_\_\_\_\_\_ Destroy Semen

\_\_\_\_\_\_\_\_\_ Owner’s Initials \_\_\_\_\_\_\_\_\_\_ Co-Owner’s Initials

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Credit Card No. Exp. Date Name of Card Holder  
Note: Account(s) must be current in order for frozen semen to be released for breeding