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

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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