



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: **\$125**. 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.*