

# INTERNATIONAL CANINE SEMEN BANK - NEBRASKA FROZEN CANINE SEMEN RELEASE FORM

This form needs to be completed by the semen owner and submitted to: ICSB – Nebraska  
 ICSB-NE must receive this completed form 7 days prior to the release and/or shipment of the semen.  
 A STAT fee will apply if notice is less than 7 days.

***Please note: This form must be completed even if the semen is being used by the semen owner.***

Registered Name of Dog \_\_\_\_\_ Breed \_\_\_\_\_ Registry & Number \_\_\_\_\_

NUMBER OF VIALS TO RELEASE  ONE  TWO  THREE  OTHER \_\_\_\_\_

Ship to: Name of Veterinarian \_\_\_\_\_ Phone # \_\_\_\_\_

Veterinary Clinic \_\_\_\_\_

Address \_\_\_\_\_

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

Address \_\_\_\_\_

Registered Name of Bitch \_\_\_\_\_ Reg # \_\_\_\_\_

Semen shipment should be shipped to arrive on or before \_\_\_\_\_ (Date)

Shipping Charges billed to (Visa, MC, Discover) CC# \_\_\_\_\_ Exp \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

This shipment will be insured to cover the shipping tank replacement in the event of damage/loss during shipping. Additional insurance to cover the value of the semen may be purchased, but a claim may not be honored by the shipping company since the semen is considered perishable goods. If desired, please indicate the additional amount you wish to insure the shipment \$ \_\_\_\_\_ realizing that it is not likely to be honored in the event of loss. Please note: ICSB and its affiliates make no guarantee, expressed or implied that conception will occur or that the frozen sperm cells are viable or will remain viable after the cells are frozen/thawed.

Signature of Semen Owner: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Semen Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***While shipping costs are usually paid by the bitch owner, the semen owner is ultimately responsible for all costs in the event that the bitch owner fails to reimburse ICSB-NE for the shipping or return of the tank.***

<b>FOR OFFICE USE ONLY</b>		Semen Retrieval _____	Tank Rental _____	Date Shipped _____
Stat Fees _____	Shipping Charges _____	Shipping Weight _____ lb	Tank # _____	
Ship Via: UPS	FEDEX	AC	Other _____	2ndDay Saturday Delivery
Insurance Fees _____	Prepaid Tank Return Charges _____	Tank Return Label # _____		
Semen Collection Date _____	TOTAL CHARGES: _____			

***ICSB-NE policy at this time is to provide use of the shipping tank for 7 days at a charge of \$50.00. On the eighth day, a daily rental will be charged of \$15.00 until the shipping tank is returned or until the replacement cost is reached.***