

# FROZEN CANINE SEMEN RELEASE FORM - ICSB-OREGON, LLC

This form must be completed by the semen owner and submitted to ICSB -OREGON before frozen semen can be released. Please submit this form to arrive at ICSB -OR at least 3 days before requested shipping date. If notice is less than two days, a stat fee will apply as follows: 1 -day - +\$45: Same day - +\$75.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Registered Name of Dog                      Breed                      Registry and Number

**NUMBER OF VIALS TO RELEASE: ONE TWO THREE OTHER \_\_\_\_\_ (Circle or write in)**

**Ship to:** Name \_\_\_\_\_

Phone # \_\_\_\_\_

Veterinary Facility \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_

**For use by:** Bitch Owner \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Registered name of bitch to be bred \_\_\_\_\_

Reg. # \_\_\_\_\_

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

Charges are to be billed to (Visa, MasterCard, AmEx) 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 please note that, in the rare instance of loss, perishable goods may not be insured by the carrier. If desired, please indicate the amount you wish to insure the shipment \$ \_\_\_\_\_, being aware that claim may not be honored.

**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 at the time of, or after, the cells are frozen.

Signature of semen owner \_\_\_\_\_ Date \_\_\_\_\_

Printed name of semen owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Shipping costs are usually paid by the bitch owner, however, **the semen owner is ultimately responsible for all costs in the event that the bitch owner fails to reimburse ICSB -OR for the shipping/return of the tank. Please complete and return this form to ICSB -OR, P.O. Box 651, Sandy, Oregon 97055. Telephone/FAX: (503) 663-7031 • E-mail: ik9sb@aol.com • Website: www.ik9sb.com.**

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**FOR OFFICE USE ONLY** Semen retrieval \_\_\_\_\_ : Tank Rental \_\_\_\_\_ : Date Shipped \_\_\_\_\_ :

Stat Fees \_\_\_\_\_ : Shipping Charges \_\_\_\_\_ : Shipping Weight \_\_\_\_\_ lb: Tank # \_\_\_\_\_ :

Ship via: U F AC Other \_\_\_\_\_ : Other charges: \_\_\_\_\_ : Return Shpmt Track # \_\_\_\_\_ :

Date Semen Frozen \_\_\_\_\_ : Return Shpmt Charges \_\_\_\_\_ : TOTAL CHARGES \_\_\_\_\_ :

**ICSB policy at this time is to provide use of the shipping tank for 7 days at a charge of \$40.00. On the eighth day, a daily rental will be charged of \$10.00 until the shipping tank is returned, or until the replacement cost is reached. RFOR1/06**