

FROZEN CANINE SEMEN RELEASE FORM - ICSB-OREGON™

CONFIDENTIAL

This form must be completed by the semen owner and submitted to ICSB-OREGON before frozen semen can be released. Please try to submit this form to arrive at ICSB-OR at least 2 working days before requested shipping date. If shipping date notice is not received prior to 1 day, a stat fee will apply as follows: 1-day notice - +\$45; Same day notice - +\$75.

_____, _____, _____
Registered Name of Dog Breed Registry and Number

NUMBER OF VIALS TO RELEASE: ONE TWO THREE OTHER _____ (Circle)

Ship to: Name _____ Phone # _____

Veterinary Facility _____ FAX or e-mail: _____

Address _____

_____ Zip/Country Code

For use by: Bitch Owner _____ Phone # _____

Address _____

_____ Zip/Country Code

Registered name of bitch to be bred _____ Reg. # _____

The semen shipment should be shipped to arrive on or before _____ (Date). Charges are to be
(Your credit card will be charged prior to shipment)

billed to (Visa, Mastercard, Am Ex) number _____ 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 at the carrier's rate (usually UPS, FedEx, or Air Cargo), however, **many carriers will not insure perishable goods**, so insurance may not cover loss of the items shipped, if this occurs. If you wish to insure the contents, please indicate the amount, knowing that the carrier may not honor the claim \$ _____. **Please Note: ICSB and its affiliates make no guarantees, 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. In the event of loss or damage of frozen semen due to natural causes due to weather, fire, storage/shipping tank failure, or shipping accident/damage, ICSB will not be held liable for the loss or the replacement value of the frozen semen.**

Signature of semen owner _____ Date _____

Printed name of semen owner _____ Phone _____

Address _____

Street

City

State Zip

Shipping costs are usually paid by the bitch owner. **The semen owner is ultimately responsible for all costs.**

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.

BELOW FOR OFFICE USE ONLY Ship Prep _____ : Tank Rental _____ : Date Shipped _____ Stat Fees _____ : Shipping Charges _____ : Shipping Weight _____ lb: Tank # _____ : Ship via: U F AC Other _____ : ON StdON Sat : Insurance fees: _____ Prepaid Tank Return Charges: _____ UPS return label# _____ TOTAL CHARGES _____

ICSB policy at this time is to provide use of the shipping tank for domestic shipments for 7 days at a charge of \$45. 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. RF10/07