

AUTHORIZATION TO RELEASE FROZEN SEMEN

ICSB-CO must receive this completed form prior to the release and/or shipment of semen. *Please note: This form must be completed even if the semen is being used by the semen owner.*

ALL SECTIONS MUST BE COMPLETED

Mail original signed form to: ICSB-CO, 180 E. Bromley Lane, Brighton, CO 80601 Ph. 303-659-2472 Fax 303-637-7697

★ ★ ★ ★ ★

By signing below, I hereby authorize INTERNATIONAL CANINE SEMEN BANK - CO to release _____ (if left blank ICSB-CO will ship ONE VIAL ONLY) vials of semen from:

Registered Name: _____

Call Name: _____ Registry/Number: _____ Breed: _____

★ ★ ★ ★ ★

This semen is to be shipped to:

Name of Veterinarian: _____ Phone: _____

Name of Hosp/Clinic: _____

Address: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Name of Bitch Owner: _____ Phone: _____

Address: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Name of Bitch: _____

Call Name: _____ Registry/Number: _____ Breed: _____

Semen should arrive on or before: _____ *IF LEFT BLANK SEMEN WILL SHIP 7 TO 10 DAYS AFTER RECEIPT OF FORM*

★ ★ ★ ★ ★

Release fees and shipping charges will be billed to: VISA / MASTERCARD / DISCOVER

Account Number: _____ Expiration Date: _____

Name on Credit Card: _____

The shipment will be insured to cover the cost of tank replacement only (\$1000.00). If you desire additional insurance to cover the cost of lost or damaged semen, please indicate the amount here: \$_____.

★ ★ ★ ★ ★

Semen Owner Signature: _____ Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Release and shipping fees are usually paid for by the bitch owner. HOWEVER, the semen owner is ultimately responsible for all cost in the event the bitch owner fails to reimburse ICSB-CO for shipping, return and/or replacement of shipping tank.