

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 responsibly for all costs in the event that the bitch owner fails to reimburse ICSB-NE for the shipping or return of the tank.

FOR OFFICE USE ONLY		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 \$25.00 until the shipping tank is returned or until the replacement cost is reached.