

FROZEN CANINE SEMEN RELEASE FORM ICSB-ANAHEIM

This form must be completed by the semen owner and submitted to ICSB-ANAHEIM • Yorba Regional Animal Hospital • 8290 East Crystal Drive • Anaheim, California 92807 • Telephone: (714) 921-8700 before frozen semen can be released. Please submit this form to arrive at least 2 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, if there is still time to ship.

Registered Name of Dog _____ Breed _____ Registry and Number _____

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

Ship to: Name _____ Phone # _____

Veterinary Facility _____

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)

Shipping charges are to be billed to credit card No: _____ Exp ___/___

(Visa, M/C, Discover) Name of Cardholder _____

This shipment will be insured to cover the shipping tank replacement in the event of damage/loss during shipping (Extremely rare occurrence). 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 amount you wish to insure the shipment \$ _____, realizing this 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.

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-ANAHEIM for the shipping or return of the tank. ICSB-ANAHEIM**

BELOW FOR OFFICE USE ONLY		Semen retrieval _____	: Tank Rental _____	: Date Shipped _____
Stat Fees _____	: Shipping Charges _____	: Shipping Weight _____	lb: Tank # _____	:
Ship via: U F AC Other _____	: ON 2ndDay Sat :	Insurance fees: _____		
Prepaid Tank Return Charges: _____	Tank return label # _____	TOTAL CHARGES _____		

ICSB-ANA 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.