

FROZEN CANINE SEMEN RELEASE FORM
ICSB-KNOXVILLE



11301 Kingston Pike • Farragut, Tennessee 37934
(865) 966-8900 Fax (865) 675-4297

This form must be completed by the semen owner and submitted to ICSB-KNOXVILLE • INTERNATIONAL CANINE SEMEN BANK-KNOXVILLE 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 - +\$104; Same day - +\$156, if there is still time to ship. **Failure to fully complete required paperwork may delay shipment or cause additional costs to accrue.**

_____, _____, _____
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 _____

A refundable \$1000 deposit required for all tank rentals will also be billed to this credit card. Our dewar may only be shipped by approved door to door couriers. 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 may not 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-KNOXVILLE for the shipping or return of the tank. Please complete and return this form to ICSB-KNOXVILLE at the address above. Failure to fully complete required paperwork may delay shipment or cause additional costs to accrue.**

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-policy at this time is to provide use of the shipping tank for 7 days at a charge of \$54.00. On the eighth day, a daily rental will be charged of \$13.00 until the shipping tank is returned, or until the replacement cost is reached.