



Broadview Reproductive Services

134 Ten Rod Road, Rochester, NH 03867 • (603) 335-2120

FROZEN CANINE SEMEN RELEASE FORM

This form must be completed by the semen owner and submitted to ICSB-New Hampshire & Southern Maine before frozen semen can be released. Please submit this form to arrive at ICSB-NH & S.ME at least 3 days before requested shipping date. If notice is less than two days an additional stat fee of \$75 will be charged.

Semen owner(s): _____
Registered Name of Dog: _____
Breed: _____
Registry and Number: _____

NUMBER OF INSEMINATIONS TO RELEASE: ONE TWO THREE
OTHER _____ (Circle or write in)

Date of Collection: _____

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)

This shipment will be insured to cover the shipping tank replacement in the event of damage/loss during shipping. Once frozen semen leaves our facility, ICSB NH&S.ME is no longer responsible for loss or damage. Additional insurance to cover the value of the semen may be purchased, but please note that, in the rare instance of loss, perishable goods may not be insured by the carrier. If desired, please indicate the amount you wish to insure the shipment \$ _____, being aware that claim may not be honored.

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 at the time of, or after, the cells are frozen.

Signature of semen owner _____ Date _____

Printed name of semen owner _____ Phone _____

Address _____
City _____ State _____ Zip _____

Shipping costs are usually paid by the bitch owner, however, **the semen owner is ultimately responsible for all costs in the event that the bitch owner fails to reimburse ICSB-NH & S. ME for the shipping/return of the tank.**
Please complete and return this form to ICSB-NH & S. ME, 134 Ten Rod Road Rochester, NH 03867 Telephone: (603) 335-2120

FOR OFFICE USE ONLY Semen Prep Fee: _____ Tank Rental Fee: _____
Date Shipped Out: _____ Expected Return Date: _____ Stat Fee: _____ Tank
#: _____ Fed Ex Tracking #: _____
Ground Call Tag Created? Yes / No Other: _____
Return Shipment Tracking #: _____
TOTAL CHARGES _____

*****Please contact Broadview Animal Hospital / ICSB NH & S. Maine for current shipping prices**



INTERNATIONAL CANINE SEMEN BANK - NH & S. ME
Email: CanineRepro@BroadviewVet.com
Website: www.BroadviewVet.com