FROZEN CANINE SEMEN RELEASE FORM

This form must be completed by the semen owner and submitted before frozen semen can be released. For transfers of 1-4 breeding units, please submit this form with payment 3 days before requested shipping date. (Bulk Transfers require 30 day notice).

We cannot guarantee delivery date without proper notice.

Semen Transfer fee of \$50, shipping charges, and \$200 deposit on the shipping tank which will be refunded within 5 days of return **must be paid prior to semen being shipped**.

Semen Owner is responsible for payment prior to shipment, shipping charges and breeding fees are to be worked out with the Bitches Owner. Collector will not take part in any disputes over payment for shipment or breeding fees.

Semen Owner Name:	Date:		
Registered Dog Name:	Breed:		
Number of Vials to be released:	Registry and Number:		
Ship to: Veterinary Facility:		Vet Phone #	
Facility Address:			
City	State	Zip Code_	
Bitch Owner Name		Phone #	
Bitch Registered Name:	Bitch Registry/Number:		
The semen shipment should be ship This shipment will be insured to conduring shipping. Additional insuran value. Collector will reimburse ship replacement cost in the event of an a If desired, please indicate the amount	ver the shipping tar ace to cover the value oping fees and addit approved claim fro	ak replacement (\$2000) in the enter of the semen may be purchasional insurance coverage over m shipping carrier.	event of damage/loss sed @ \$1.30 per \$100 the shipping tank
By my signature below, I authorize this form. I agree to all statements fertility or successful fertilization. by professionals of any other com	s made in the doci . I also understand	iment. I understand the Colle	ector does not guarantee
Semen Owner Signature		Date	

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