



ICSB Nor Cal  
5988 Griffith Ave., Marysville, CA 95901  
Phone: 30-923-7855 | Cell: 530-565-0777  
Email: [info@icsbnorcal.com](mailto:info@icsbnorcal.com) | Website: [www.icsbnorcal.com](http://www.icsbnorcal.com)

## Frozen Semen Release Form

This form must be completed by the semen owner and submitted to ICSB Nor Cal before frozen semen can be released. This form is not a transfer of ownership. Please submit this form to arrive at ICSB Nor Cal. THIS FORM WILL EXPIRE 90 DAYS FROM THE DATE LISTED BY THE SIGNATURE OF OWNER BELOW. IF NO ACCURATE DATE IS LISTED BY THE SIGNATURE BELOW, ICSB WILL FILL IN THE DATE.

Registered Name of Dog: \_\_\_\_\_

Breed: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Semen Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Semen Owner: \_\_\_\_\_

**Number of Vials to Release:** \_\_\_\_\_

Inseminating Facility: \_\_\_\_\_ ICSB NOR CAL

5988 Griffith Ave., Marysville, CA 95901

Bitch Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bitch's Registered Name: \_\_\_\_\_

Bitch's Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Registration Number: \_\_\_\_\_

### Office Use Only

Date Signed/Received: \_\_\_\_\_

TCI#1 Date: \_\_\_\_\_

TCI#2 Date: \_\_\_\_\_