



**Animal Clinic
Northview, Inc.**

36400 Center Ridge Rd
N. Ridgeville, OH 44039
Phone: (440)327-8282
Fax: (440)353-0331

Frozen Semen Release Form

All Paperwork MUST be received 2 Business Days prior to Shipping Date
or it will be considered Next Day or RUSH Shipping

I hereby authorize ICSB-OH to release _____ vials/breedings/straws
of semen from:

(Registered Name of Stud Dog)

(Call Name)

(Breed)

(Registry and Registration Number)

Check one of the following:

Shipping

In hospital Insemination

Shipping to:

Veterinarian's Name

Veterinary Clinic

Road Address

City, State, Zip Code

Phone Number

Date to be shipped

Signature of Semen Owner/Co-Owner (Date)

Print Name of Semen Owner/Co-Owner (Date)

Bitch's Information:

(Registered Name of Bitch)

(Call Name)

(Bitch Owner's Name & Phone Number)