



**Animal Clinic
Northview, Inc.**

Frozen Semen Release Form

36400 Center Ridge Rd
N. Ridgeville, OH 44039
repro@northviewvet.com
Phone: (440)327-8282
Fax: (440)327-8845

All Paperwork MUST be received 2 Business Days prior to the shipping date
****NO RUSH SHIPMENTS****

If paperwork is not fully completed the semen will not be shipped or used in hospital for a breeding

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

(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

Signature of Semen Owner

(Date)

Print Name of Semen Owner

(Date)

Bitch's Information: **PLEASE FILL OUT COMPLETELY**

(Registered Name of Bitch)

(Call Name)

(Bitch Owner's Name & Phone Number)

(Bitch Owner Signature to verify breeding)

(Date)