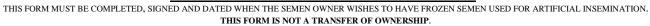
## INTERNATIONAL CANINE SEMEN BANK - NORTHEAST (ICSB-NE)

455 Central Avenue – Seekonk MA 02771 Phone: 508-761-8525 Fax: 508-761-7256

Email: centralveticsb@aol.com Web: www.centralavevethospital.com





THIS FORM CAN BE EMAILED OR FAXED TO BEGIN THE PROCESS. HOWEVER, THE ORIGINAL COMPLETED FORM MUST BE RECEIVED BY ICSB-NE TO FINALIZE THE PROCESS.

EMAIL COMPLETED FORM TO: centralveticsb@aol.com

*FAX COMPLETED FORM TO:* 508-761-7256

ORIGINAL COMPLETED FORMS MUST BE MAILED TO ICSB-NE TO FINALIZE THE PROCESS: International Canine Semen Bank Northeast - 455 Central Avenue - Seekonk, MA 0277

International Canine Semen Bank Northeast - 455 Central Avenue - Seekonk, MA 02771			
SEMEN OWNER'S AUTHORIZATION TO RELEASE FROZEN SEMEN			
Registered Name of Dog:		Call Na	ne:
Breed:	Color(s):		
Date of Birth: DNA Identification Number:			
<b>Registry:</b> □ AKC □ CKC □ UKC □ Other(please specify) <b>Registration Number:</b>			
	OWNER CONTA	CT INFORMATION	
Printed Name of Owner:			
Address:			
City/Town:	State:	Zip Cod	e:
Home Phone:	Cell Phone:	Email:	
SHIPPING INFORMATION  PLEASE SUBMIT THIS FORM TO ARRIVE AT ICSB-NE THREE BUSINESS DAYS BEFORE REQUESTED SHIPPING DATE. IF NOTICE IS LESS THAN THREE DAYS, A STAT FEE WILL APPLY			
		AY NOT BE POSSIBLE TO SHIP FROZEN SEME	
This semen should arrive on or b			be Shipped:
<b>Number of Vials to Release</b> (check one): $\Box$ One $\Box$ Two $\Box$ Three $\Box$ Other (please specify)			
Name of Person Semen is Shipping to:			
Veterinary Facility:	ig to:		
Address:			
City/Town:	State:	Zip Cod	
Phone:	Fax Phone:	Email:	е:
r none;		FORMATION Email:	
Registered Name of Bitch:	Direitsi	Call Na	ne:
Breed:		Color(s)	
<b>Registry:</b> □ AKC □ CKC □ UKC □ Other (please specify) <b>Registration Number:</b>			
Name of Bitch Owner:			
Address:			
City/Town:	State:	Zip Cod	e:
Home Phone:	Cell Phone:	Email:	
METHOD OF PAYMENT			
Shipping charges should be billed to (please check one):   Discover   Visa   MasterCard   American Express			
Credit Card #:		Exp. Da	te: 3 Digit Code:
Printed Name of Cardholder:			
Address of Cardholder:			
City/Town:	State:	Zip Cod	e:
Phone:		Email:	
Signature of Cardholder:			Date:
	I HAVE READ AND AGREE TO TH	E ABOVE TERMS AND CONDITIONS	
Date: Semen Owner Signature:			
<b>Printed Name of Semen Owner:</b>			
Date: Semen Co-Owner Signature:			
Printed Name of Semen Co-Owner:			
** Shipping is usually paid by the bitch owner. The semen owner is ultimately responsible for all costs in the event the Bitch owner fails to return the tank.  BELOW IS FOR INTERNATIONAL CANINE SEMEN BANK – NORTHEAST USE ONLY			
Ship Prep:	Tank Rental:	Date Shipped:	Stat Fees:
Shipping Charges Out:	Back:	Tank#:	
Notes:		- *************************************	1
Trutes.			