

# International Canine Semen Bank -Texas

SACHSE VETERINARY HOSP.  
4730 Ranch Road  
Sachse, TX 75048  
972.442.4441

## Semen Release Form

This form must be completed and submitted to  
ICSB-Texas before frozen semen can be released

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

I hereby authorize ICSB - TX to release \_\_\_\_\_ vial(s) of semen from the following dog:

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

\_\_\_\_\_  
Call Name

\_\_\_\_\_  
Breed

\_\_\_\_\_  
Registry and No.

Ship to:

\_\_\_\_\_  
Destination of Semen

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Country Code

The semen shipment should be shipped to arrive on or before \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Registered name of bitch to be bred

\_\_\_\_\_  
Registry and No.

Name of Bitch Owner: \_\_\_\_\_

Address of Bitch Owner: \_\_\_\_\_

Phone No. of Bitch Owner: (\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_

**\*While costs are usually paid by the bitch owner,  
the semen owner is ultimately responsible for all costs to ICSB-TX  
and for all shipping charges that are forwarded to ICSB-TX.**

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Semen Owner

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Phone

\_\_\_\_\_  
Address of Semen Owner