



**Animal Clinic
Northview, Inc.**

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Phone: (440)327-8282
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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)

(Bitch Owner Signature to verify breeding)

(Date)