



International Canine Semen Bank – Kentucky

PO Box 425 307 La Grange Rd
Pewee Valley, KY 40056
(502) 241-8834 Fax (502) 241-4030
pvvcvets.RDept@gmail.com



Frozen Canine Semen Release Form: ICSB – Kentucky

This form must be completed by the semen owner and submitted to ICSB-Kentucky before frozen semen can be released. Please submit this form to ICSB – Kentucky at least three (3) days before requested shipping date. A \$95 stat fee will be assessed if less than 3 days notice is given. This form must be completely filled out along with the appropriate payment information or the shipment WILL NOT BE PROCESSED.

Date _____

Registered Name of Dog: _____

Call Name: _____ Breed: _____

Registry(s): _____ Registration # _____

Quantity of breeding doses to be released: _____ to the following individual recipient:

Name of Recipient: _____ Phone# _____

Address: _____

City: _____ State: _____ Zip: _____

Breeding doses to be used at:

_____ Pewee Valley Veterinary Center

_____ *Shipment to another facility:

Name/Dr: _____ Phone#: _____

Veterinary Facility: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Does the facility have the ability to store frozen semen? YES or NO

Arrival date needed: _____

Approximate day of season of bitch _____ Last Date/Result P4 _____

Is there a contract between semen owner and bitch owner on what happens to the semen if the breeding is cancelled for any reason? _____

**While shipping costs are usually paid by the bitch owner, the semen owner is ultimately responsible for all costs in the event that the bitch owner fails to reimburse ICSB-KY for the shipping or the return of the tank. This shipment will be insured by ICSB-KY to cover the shipping tank replacement in the event of damage/loss during shipping. Additional insurance to cover the value of the semen may be purchased. If desired please indicate the amount you wish to insure the shipment \$ _____.*

ICSB Kentucky cannot be held responsible or liable for any delays in shipment due to time delays with Federal Express, any customs or government office, any airline if shipping other than Fed Ex or the services of any hired brokerage service or agent. All semen delivery dates are estimates which have been provided to ICSB Kentucky by these agencies. ICSB Kentucky, Dr. Tanya Ross, and employees of ICSB Kentucky will be held harmless if these delays occur and ICSB Kentucky is released of any liability due to these circumstances.

I agree to all terms/conditions and authorize International Canine Semen Bank – KY to release the semen breeding doses to the recipient as detailed above:

Semen owner: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of semen owner: _____ Date: _____

Return this form to ICSB-Kentucky: pvvcvets.RDept@gmail.com or fax to (502) 241-4030

Pewee Valley Veterinary Center

307 La Grange Rd PO Box 425 Pewee Valley, KY 40056
Phone 502-241-8834 Fax 502-241-4030

Credit Card Authorization

Add Credit Card to Secure File

Client request to keep credit card on file Single credit card usage Reproduction Client

Cardholder Name: _____

Billing Address: _____

Billing City, State, Zip: _____

Phone: _____ Email: _____

Visa MasterCard Discover American Express CareCredit

Account Number _____

Exp. Date ____/____/____ CVV (3 digit number on back of card) _____

By acknowledging this document, I am authorizing Pewee Valley Veterinary Center to utilize the provided credit card number for payment on my account in an on going basis. I am waiving the required signature for each time that this account is utilized. In addition, I understand that once this credit card expires PVVC will no longer be able to accept this as a form of payment until a new form has been completed.

Client Signature _____ Date _____

Authorization by _____ Per Phone _____ Date _____
PVVC Authorized Representative