



**Animal Clinic  
Northview, Inc.**

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

**Frozen Semen Release Form**

All Paperwork **MUST** be received 2 Business Days prior to the shipping date  
or it will be considered a RUSH shipment

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/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)