

# FROZEN SEMEN RELEASE FORM

Registered Name of the Dog: \_\_\_\_\_

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

Breed: \_\_\_\_\_ Registered Number: \_\_\_\_\_

Number of Breeding Units to Ship: \_\_\_\_\_

## SHIP TO INFORMATION:

Veterinarian Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

Owner's Name of Female: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Name of Female: \_\_\_\_\_

I certify that as owner(s) of the above semen, I authorize frozen semen to be released by Inver Grove Heights Animal Hospital and shipped to the veterinary hospital as I have listed above. I understand that FedEx will be used to ship priority overnight, and I assume responsibility for all shipping fees including tank rental, shipping rate and tank return rate fees, taxes, special handling fees, peak time and/or Saturday (delivery or pickups for return tank). I understand that international shipping fees may have charges assessed **after** shipment due to receiving country duties, taxes (goods and services, value added taxes) and any additional required paperwork or filing, customs, or clearance entry requirements.

Semen Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Semen Co-Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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