



FROZEN CANINE SEMEN RELEASE FORM

Hamby Road Animal Hospital

3785 Hamby Road
Alpharetta, GA 30004
(770) 521-1314 Phone
(770) 521-1349 Fax
hambyrd.@comcast.net

This form must be completed by the semen owner and submitted to CLONE-ATLANTA *before* frozen semen can be released. **Please submit this form to arrive at CLONE-ATLANTA at least 2 working days before requested shipping date.** If shipping notice is not received at least 2 days in advance, a **late fee** will apply as follows: 1 day notice - +\$45; Same day notice - +\$75.

STUD DOG INFORMATION

| | |
|---------------------|--|
| Breed | |
| Call Name | |
| Registered Name | |
| Registration Number | |



NUMBER OF BREEDINGS TO RELEASE (Circle): 1 2 3 Other _____

The semen shipment should be shipped to arrive on or before _____

SHIP TO INFORMATION:

ADDRESS: _____

PHONE _____

FOR USE BY: _____

BITCH TO BE BRED _____

PHONE: _____

OWNER'S EMAIL _____

BILLING INFORMATION:

Credit Card Number/Type _____ Exp. Date _____

Name of Cardholder _____ Sec. Code _____

Billing Address for Credit Card:

This shipment will be insured 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 at the shipper's rate (usually FedEx), however, many carriers will not insure perishable goods, so insurance may not cover loss of the items shipped if this occurs. If you wish to insure the contents, please indicate the amount you wish to insure the shipment, knowing that the carrier may not honor the claim \$_____. Please Note: CLONE-ATLANTA and its affiliates make no guarantees, expressed or implied, that conception will occur or that the frozen sperm cells are viable or will remain viable at the time of, or after, the cells are frozen.

Shipping costs (transport of the tank to your clinic and back to ours) 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 CLONE-ATLANTA for the shipping or the return of the tank.*

Signature of semen owner: _____

Printed name of semen owner: _____

Address: _____

Phone: _____

Email: _____

Date: _____

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PLEASE COMPLETE AND RETURN THIS FORM TO:

HAMBY ROAD ANIMAL HOSPITAL

3785 Hamby Road
Alpharetta, GA 30004

PHONE (770) 521-1314

FAX (770) 521-1349

EMAIL hambyrd@comcast.net

