

**CENTRE COURT VETERINARY CLINIC
6080 SANDY SPRINGS CIRCLE
ATLANTA, GA 30328
404-252-9200 (PHONE) 404-252-0490 (FAX)**

AUTHORIZATION TO RELEASE FROZEN SEMEN FOR UTILIZATION

This form is to be used by the semen owner each time the semen is released for breeding purposes. CENTRE COURT VETERINARY CLINIC MUST RECEIVE THIS COMPLETED FORM PRIOR TO RELEASE AND/OR SHIPMENT OF SEMEN. This form must be completed and on file even if the owner uses the semen.

By signing below, I authorize CENTRE COURT VETERINARY CLINIC to release _____ units of semen from:

Dog's Registered Name

Registry, Registration number and DNA number

This semen is to be shipped to:

Name of Veterinarian: _____

Name of Hospital/Clinic: _____

Address: _____

City state/province zip/postal code

Phone: _____

Name of Bitch: _____ Breed: _____

Registry & Registration number: _____

Semen should arrive on or before (date): _____

Shipping/Preparation charges will be billed to: _____
Name on Credit Card

Credit Card # _____ Exp. Date: ____ / ____ Billing Zip code: _____
(Visa, Mastercard, American Express)

The shipment will be insured for \$1000.00 to cover the cost of tank replacement only. If you desire additional insurance for loss or damage of semen, please indicate the amount \$ _____.

Signature of owner to release semen fro utilization Date: _____

Printed Name Date: _____

Address: _____

Shipping costs are usually paid by the owner of the bitch. However, the semen owner is ultimately responsible for all cost and charges in the event the bitch owner fails to reimburse Centre Court Veterinary Clinic for shipping, return, and/or replacement of the shipping tank.