

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 THE RELEASE AND/OR SHIPMENT OF SEMEN FOR BREEDING.** This form must be completed and on file even if the owner uses the semen. We need 3 to 5 business days notice in order to get the shipping tank fully charged with liquid nitrogen and all the paperwork together. We must have payment information before we will charge the shipping tank. We have one shipping tank which is available on a "first come, first served" basis.

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

Dog's Registered Name: \_\_\_\_\_ Dog's Call Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Registry: \_\_\_\_\_ DNA number: \_\_\_\_\_

**Signature of semen owner to release semen for utilization:** \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### This semen is to be shipped to:

Semen should arrive on or before (date): \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Hospital/Clinic: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

### Bitch information:

Bitch's Registered Name: \_\_\_\_\_ Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Registration number: \_\_\_\_\_

Owner of bitch: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

### Payment information:

Shipping /Preparation charges will be billed to (Name on credit card): \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Three digit number on back of card to right of signature line: \_\_\_\_\_

We accept Visa, Mastercard, American Express, and Discover

Credit card billing address: \_\_\_\_\_

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

**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.**

