

FRESH-CHILLED CANINE SEMEN SHIPMENT AUTHORIZATION FORM

to be completed & submitted prior to appointment

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STUD OWNER: _____

Registered Name of Stud: _____ Registry Number: _____

SHIP TO: _____ ATTN: _____

_____ Phone #: _____

FOR USE BY: Bitch Owner: _____ Phone Number: _____

Registered Name of Dam: _____ Registry Number: _____

Breed: _____

1. Semen is evaluated at the time of collection. If ICSB Technicians suspect low quality, the semen owner will be alerted but ultimately will ship unless told otherwise. ICSB is not responsible for determining the level of viability by the receiving veterinary/ recipient standards.
2. Cursory evaluations include Motility, Speed of Progression, Approximate abnormalities, prevalent abnormality and concentration. If additional information is required, it must be requested before collection. Additional fees may be incurred.
3. ICSB Technicians leave volume adjustments to the receiver unless requested. If you would like a sample spun down to a certain volume, please request prior to collection.
4. ICSB does not guarantee the quality of the sample upon arrival. Canine semen survivability varies between canines. A semen survivability test is offered in-office and strongly recommended to ensure arrival quality.
5. Optimal Temperature for semen are between 98-100°F. If proper warm up temperatures and time are not utilized upon receipt of the sample, the determination of quality can be inaccurate.
6. ICSB is not responsible for damage or delays during shipping. ICSB will gladly assist in the filing of the claim and provide any documentation (i.e. affidavit, photos) needed to ensure full reimbursement of shipping costs.

INITIAL: _____ By my signature below, I authorize International Animal Semen Bank, LLC, dba International Canine Semen Bank (ICSB) – Oregon to perform services for me. I have read and agree to all statements made in the document preceding this signature and any statements made in the following document. I understand ICSB does not guarantee fertility or successful fertilization. I also understand ICSB is not responsible for services rendered by non-ICSB individuals. My payment for ICSB services is due at the time of the service. Other charges may be applied to my credit card at a later date, if additional services are necessary. ICSB may or may not notify me of these additional charges prior to charging my credit card. Any charges may be made without my permission. In the event I initiate a chargeback, I understand I will be charged additional office fees. If ICSB has to prove in any way that I authorized the use of my credit card, I will incur additional fees from ICSB for personnel time required to prepare a response to my chargeback. I also agree that any person I allow to access my frozen semen at ICSB, or any person that pays fees billed to my account at ICSB will be guaranteed by me. Any person I ask ICSB to bill on my behalf will be informed by myself of fees or charges made by ICSB to their credit card. If the person reverses any charge at ICSB I will be held liable for reimbursement to ICSB immediately. It is my responsibility to ensure ICSB is paid for all services performed by or charged through ICSB to my account at ICSB.

Cardholder Name -- Print: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ **Card Identification Number CCV):** _____

Signed _____ **Dated:** _____

Email for PAID invoice confirmation: _____

Will contain Tracking Number under shipping charges

I authorize ICSB to charge any amount to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. ICSB has offered to provide an estimate of these charges to me. ICSB has informed me that any charges will be billed to this card without informing me of amounts unless I ask directly for an estimate prior to my credit card being charged. I agree to any fees ICSB charges to my credit card.