

ICSB Nor Cal

5988 Griffith Ave., Marysville, CA 95901 Phone: 530-923-7855 | Cell: 530-565-0777

Email: info@icsbnorcal.com | Website: www.icsbnorcal.com

Canine Semen Evaluation Authorization Form

Date: Ov	vner:
City:	State: Zip:
Phone:	
Email:	
I hereby authorize ICSB N	For Cal- to collect and evaluate semen from the following dog:
Registered Name:	
Call Name:	Registration Number:
Breed:	DOB:
(ICSB) – Oregon to perform signature below. I understand is not responsible for services at the time of the service. Oth additional services are necessary provided payment informated without informing me. I the event that I initiate a charge has to prove in any way that I from ICSB any time they are	orize International Animal Semen Bank, Inc, dba International Canine Semen Bank services for me. I agree to all statements made in this document preceding my ICSB does not guarantee fertility or successful fertilization. I also understand ICSB rendered by non-ICSB individuals or entities. My payment for ICSB services is due for charges may be applied to my provided payment information at a later date, if ary. ICSB may or may not notify me of these additional charges prior to charging ation. I agree to any fees ICSB charges to my provided payment information to be further state that ICSB has offered to provide an estimate of these charges to me. In geback, or a check bounced, I understand I will be charged additional fees. If ICSB authorized the use of my provided payment information, I will incur additional fees required to prepare a response to my chargeback. It is my responsibility to ensure erformed by or charged through ICSB to my account at ICSB. Sign and Date Below:
	Sign and Date Below:
Signature:	Date:/
Billing Address:	