



ICSB Nor Cal
 5988 Griffith Ave., Marysville, CA 95901
 Phone: 30-923-7855 | Cell: 530-565-0777
 Email: info@icsbnorcal.com | Website: www.icsbnorcal.com

Bitch Information

Services offered by ICSB Nor Cal may include, and is not limited to: semen collection, vaginal insemination, progesterone testing.

Registered Name: _____

Call Name: _____ Breed: _____

Registry: _____ Registration Number: _____

Additional Registry: _____

DNA Profile: _____ Microchip Number: _____

Date of Birth: _____ Color: _____

ICSB Nor Cal will not offer insemination services for bitches under 12 months of age. Bitches between 13-24 months of age require a pre-breeding exam with the pet's primary veterinarian. Written proof of age will be required for breeding services.

Has this bitch ever been bred? _____ How many litters? _____

Printed names of owner(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alt. Phone Number: _____

E-mail Address: _____

Breeding plan for current heat cycle:

NATURAL AI x _____ @ ICSBNC or at Home TCI x _____
 SURGICAL IMPLANT

Type of Semen:

FRESH CHILLED FROZEN

LIMITATION OF LIABILITY: In any event, ICSB's liability, as well as that of any of its principals, employees or agents, if determined, shall not exceed the total compensation received by ICSB under this agreement. This limitation of liability applies for any and all claims, losses, expenses, injuries or damages, arising out of or in any way related to the performance of this agreement by reason of any act or omission, including breach of contract, negligence, errors, omissions, strict liability, breach of warranty or any reason whatsoever, not amounting to a willful, wanton or intentional wrong. This limitation of liability includes, but is not limited to claims for lost profits, loss of use, costs of replacement special damages and/or indirect or consequential damages whatsoever, caused by ICSB, its principals, employees or agents. In the event of any lawsuit or claim being made to enforce the terms of this agreement, the prevailing party in such lawsuit or claim shall be entitled to an award of their reasonable attorney fees and costs. By my signature below, I authorize ICSB Nor Cal to perform services for me. I agree to all statements made in this document preceding my signature below. I understand ICSB does not guarantee fertility or successful fertilization. Sperm cells will eventually cease living, but no one knows or can predict when this will occur, and it can vary from dog to dog. ICSB Nor Cal shall not be held liable for and cannot guarantee conception. I also understand ICSB is not responsible for services rendered by non-ICSB individuals or entities. My payment for ICSB services is due at the time of the service. Other charges may be applied to my provided payment information at a later date, if additional services are necessary. ICSB may or may not notify me of these additional charges prior to charging my provided payment information. I agree to any fees ICSB charges to my provided payment information to be made without informing me. I further state that ICSB has offered to provide an estimate of these charges to me. In the event that I initiate a chargeback, or a check bounced, I understand I will be charged additional fees. If ICSB has to prove in any way that I authorized the use of my provided payment information, I will incur additional fees from ICSB any time they are 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. 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.

Any missed appointments without notification will be automatically charged a \$50 fee.

Credit Card Number: _____

Expiration Date: _____ CVV: _____ Billing Zip Code: _____

Signature: _____ Date: _____