



ICSB Nor Cal
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Canine Semen Evaluation Authorization Form

Date: _____ Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

I hereby authorize ICSB Nor Cal- to collect and evaluate semen from the following dog:

Registered Name: _____

Call Name: _____ Registration Number: _____

Breed: _____ DOB: _____

Proven/Sired Litters?: Yes No Has been collected before?: Yes No

By my signature below, I authorize International Canine Semen Bank (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. 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. It is my responsibility to ensure ICSB is paid for all services performed by or charged through ICSB to my account at ICSB.

Sign and Date Below:

Signature: _____ Date: _____

Cardholder Name Print: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: _____ CCV#: _____