



INTERNATIONAL ANIMAL SEMEN BANK, INC.  
dba INTERNATIONAL CANINE SEMEN BANK and ICSB  
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## Canine Semen Evaluation Authorization Form

Date: \_\_\_\_\_ Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**You hereby authorize ICSB to collect and evaluate semen of the following dog:**

Full Registered Name Of Dog

\_\_\_\_\_

Other names for this Dog (Call Name): \_\_\_\_\_

Registry: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Breed: \_\_\_\_\_

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

By your signature below, you authorize ICSB to perform services for you at your own risk. You agree to all the terms and conditions in this agreement preceding your signature below. You agree for ICSB to charge the fee for services to your provided payment method below. You understand that other charges may be applied at a later date, if additional services are necessary and ICSB may or may not notify you of these additional charges prior to charging you. You further state that ICSB has offered to provide an estimate of these charges to you and you agree to any fees ICSB charges without informing you. If you initiate a chargeback, or a check is bounced, you understand you will be charged additional fees. If ICSB has to prove in any way that you authorized the use of your provided payment method below, you will incur additional fees from ICSB any time they are required to prepare a response to your chargeback. You also agree that any person that pays fees billed to your account at ICSB will be guaranteed by you. Any person you ask ICSB to bill on your behalf will be informed by you of fees or charges made by ICSB. If the person reverses any charge at ICSB, you will be held liable for reimbursement to ICSB immediately. It is your responsibility to ensure ICSB is paid for all services performed by or charged through ICSB to your account at ICSB.

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Cardholder Name Print: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CCV#: \_\_\_\_\_ Zip code: \_\_\_\_\_