## INTERNATIONAL CANINE SEMEN BANK - NORTHEAST (ICSB-NE)

455 Central Avenue – Seekonk MA 02771 Phone: 508-761-8525 Fax: 508-761-7256

Email: centralveticsb@aol.com Web: www.centralavevethospital.com



## STUD DOG OWNER'S AUTHORIZATION FOR SEMEN COLLECTION, EVALUATION, FREEZING AND STORAGE

THIS FORM MUST BE COMPLETED, SIGNED AND DATED FOR OUR CLINIC FILES. PLEASE READ, COMPLETE, SIGN BOTH PAGES AND RETURN TO ICSB-NE.

PLEASE BE ADVISED THAT ALL OWNERS OF THE CANINE'S SEMEN MUST SIGN BOTH PAGES.

THE COMPLETED, SIGNED AND DATED FORM CAN BE EMAILED OR FAXED TO BEGIN THE PROCESS. HOWEVER, THE ORIGINAL COMPLETED, SIGNED AND DATED FORM MUST BE RECEIVED BY ICSB-NE TO FINALIZE THE PROCESS.

> EMAIL COMPLETED FORM TO: FAX COMPLETED FORM TO: centralveticsb@aol.com

508-761-7256

ALL COMPLETED, SIGNED AND DATED FORMS MUST BE SENT DIRECTLY TO ICSB-NE TO FINALIZE THE PROCESS.

International Canine Semen Bank Northeast - 455 Central Avenue - Seekonk, MA 02771

I HEREBY AU	THORIZE ICSB-NE TO COLLECT, EVAL	LUATE, FREEZE AND ST	ORE SEMEN FROM THE FOLLOW	ING DOG	
Registered Name of Dog:					
Dogs Call Name:					
Breed:		Color(s):			
Date of Birth:		Registry: □ AKC	□ CKC □ UKC □ Other(please sp	pecify)	
DNA Identification Number	::	Registration Number:			
Microchip:		Tattoo:			
OWNER CONTACT INFORMATION					
Printed Name of Owner:					
Address:					
City/Town:		State:	Zip Code:		
Home Phone:	Cell Phone:		Work Phone:		
Email:					
Referred By:					
		CONTACT INFORMA	ΓΙΟΝ		
Printed Name of Co-Owner	:				
Address:					
City/Town:		State:	Zip Code:		
** **	~				
Home Phone:	Cell Phone:		Work Phone:		
Home Phone: Email:	Cell Phone:		Work Phone:		
		HOD OF PAYMENT	Work Phone:		
	MET	HOD OF PAYMENT nerican Express	Work Phone:		
Email:	MET		Work Phone:	3 Digit Code:	
Email:	MET  □ Visa □ MasterCard □ Ar	nerican Express	Work Phone:	3 Digit Code:	
Email:  Cash Discover Credit Card #:	MET  □ Visa □ MasterCard □ Ar	nerican Express	Work Phone:	3 Digit Code:	
Email:  Cash Discover  Credit Card #:  Printed Name of Cardholde	MET  □ Visa □ MasterCard □ Ar	nerican Express	Work Phone:  Zip Code:	3 Digit Code:	
Email:  Cash Discover  Credit Card #:  Printed Name of Cardholder  Address of Cardholder:	MET  □ Visa □ MasterCard □ Ar	nerican Express Exp.:		3 Digit Code:	
Email:  Cash Discover Credit Card #:  Printed Name of Cardholder Address of Cardholder: City/Town:	MET  □ Visa □ MasterCard □ Ar	nerican Express Exp.:  State:		3 Digit Code:  Date:	
Email:  Cash Discover Credit Card #: Printed Name of Cardholder Address of Cardholder: City/Town: Phone: Signature of Cardholder: I AUTHORIZE ICSB	MET  ☐ Visa ☐ MasterCard ☐ Ar  T:  -NE TO CHARGE ANY AMOUNT PERTAINING TO	State: Email:	Zip Code:  MENTIONED DOG TO THE CREDIT CARD LI	Date: STED ABOVE.	
Email:  Cash Discover Credit Card #:  Printed Name of Cardholder: City/Town: Phone: Signature of Cardholder:  I AUTHORIZE ICSB IN THE EVENT O	MET □ Visa □ MasterCard □ Ar r:	State: Email:	Zip Code:  MENTIONED DOG TO THE CREDIT CARD LI	Date: STED ABOVE.	
Email:  Cash Discover Credit Card #: Printed Name of Cardholder Address of Cardholder: City/Town: Phone: Signature of Cardholder: I AUTHORIZE ICSB	MET  ☐ Visa ☐ MasterCard ☐ Ar  T:  -NE TO CHARGE ANY AMOUNT PERTAINING TO	State: Email:	Zip Code:  MENTIONED DOG TO THE CREDIT CARD LI	Date: STED ABOVE.	
Email:  Cash Discover Credit Card #:  Printed Name of Cardholder: City/Town: Phone: Signature of Cardholder:  I AUTHORIZE ICSB IN THE EVENT O	MET  ☐ Visa ☐ MasterCard ☐ Ar  T:  -NE TO CHARGE ANY AMOUNT PERTAINING TO	State: Email:	Zip Code:  MENTIONED DOG TO THE CREDIT CARD LI	Date: STED ABOVE.	
Email:  Cash Discover Credit Card #:  Printed Name of Cardholde Address of Cardholder: City/Town: Phone: Signature of Cardholder:  I AUTHORIZE ICSB IN THE EVENT OF Name:	MET  ☐ Visa ☐ MasterCard ☐ Ar  T:  -NE TO CHARGE ANY AMOUNT PERTAINING TO	State: Email:	Zip Code:  MENTIONED DOG TO THE CREDIT CARD LI	Date: STED ABOVE.	
Email:  Cash Discover Credit Card #:  Printed Name of Cardholder: City/Town: Phone: Signature of Cardholder:  I AUTHORIZE ICSB IN THE EVENT OF Name: Address:	MET  ☐ Visa ☐ MasterCard ☐ Ar  T:  -NE TO CHARGE ANY AMOUNT PERTAINING TO	State: Email: THE SEMEN FOR THE ABOVE ATION, I/WE TRANSFEI	Zip Code:  MENTIONED DOG TO THE CREDIT CARD LI R ALL FROZEN SEMEN STORED A	Date: STED ABOVE.	
Email:  Cash Discover Credit Card #: Printed Name of Cardholder: City/Town: Phone: Signature of Cardholder:  I AUTHORIZE ICSB IN THE EVENT OF Name: Address: City/Town:	MET  □ Visa □ MasterCard □ Ar  □ Ar  □ Visa □ MasterCard □ Ar  □ Ar	State: Email: THE SEMEN FOR THE ABOVE ATION, I/WE TRANSFEI	Zip Code:  MENTIONED DOG TO THE CREDIT CARD LI R ALL FROZEN SEMEN STORED A'  Zip Code:	Date: STED ABOVE.	

(INITIAL BELOW)	PLEASE READ THE FOLLOWING CAREFULLY, INITIAL AND SIGN			
	ICSB-NE Fees for Semen collection, evaluation, freezing and initial storage are charged at the time of collection. Thereafter, an annual fee for storage will be applied to your account with ICSB-NE			
	Additional charges for shipment, breeding and/or transfer will apply. These fees include Semen shipping preparation, shipping tank, tank rental, shipping charges to the requested destination, as well as the return of tank(s) used for shipment.			
	International Canine Semen Bank - NE (ICSB-NE) agrees to collect, freeze and store the Semen from the above referenced canine. The frozen Semen will be available to the semen owner(s) for use and/or shipping; however, ICSB-NE cannot use or ship this or any Semen stored at ICSB-NE without properly completed Frozen Semen Release Form as well as the canine's registration form on file.			
	Account balances must be current in order for frozen Semen to be released			
	Late payment is subject to a 1% per month (12% APR) interest and a \$5.00 late fee for each month the payment for storage is overdue			
	After 90 days of non-payment, the account will be considered inactive. All charges and late fees will need to be paid in additional to the unpaid balance in order to re-activate the account.			
	After 180 days of non-payment the frozen semen will be subject to disposal and any of the unpaid balance will be submitted to a third-party collection agency for payment.			
	Sperm cells do not have an indefinite lifetime, and the length of time that frozen sperm can be considered viable varies with every canine, and cannot be predicted. ICSB-NE cannot guarantee nor will ICSB-NE be liable for conception that uses semen that has been frozen and stored. Further, ICSB-NE cannot guarantee, nor will ICSB-NE be liable for the viability of frozen sperm and thawed, for use in artificial insemination			
	In the event of loss and / or damage to frozen semen due to natural causes, weather, fire, storage/shipping tank failure, damage to the shipping tank, or delays in transit time, ICB-NE will not be liable for the loss, replacement, or replacement value of the frozen semen.			
	I HAVE	READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS		
Date:		Owner Signature:		
Printed Name of Owner:				
Date:		Co-Owner Signature:		
Printed Name of Co-Owner:				
BELOW IS FOR INTERNATIONAL CANINE SEMEN BANK – NORTHEAST USE ONLY				
Notes:				