



INTERNATIONAL CANINE SEMEN BANK - FLORIDA
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Fresh-Chilled Canine Semen Shipment Authorization Form

This form must be completed and submitted prior to the appointment time.

Stud Owner: _____

Registered Name of Stud: _____

Registry and Registration Number: _____

Breed: _____

SHIP TO: Facility/Recipient: _____

Attn: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

FOR USE BY:

Bitch Owner: _____

Phone Number: _____

Registered Name of Bitch: _____

Registry and Registration Number: _____

Breed: _____

Semen is evaluated at the time of collection. If ICSB Technicians suspect low quality, the semen owner will be alerted but ultimately will ship unless told otherwise. ICSB is not responsible for determining the level of viability by the receiving veterinary/ recipient standards. cursory evaluations include Motility, Speed of Progression, Approximate abnormalities, prevalent abnormality and concentration. If additional information is required, it must be requested before collection. Additional fees may be incurred. ICSB Technicians leave volume adjustments to the receiver unless requested. If you would like a sample spun down to a certain volume, please request prior to collection. ICSB does not guarantee the quality of the sample upon arrival. Canine semen survivability varies between canines. A semen survivability test is offered in-office and strongly recommended to ensure arrival quality. Optimal Temperature for semen is between 98-100°F. If proper warm up temperatures and time are not utilized upon receipt of the sample, the determination of quality can be inaccurate. ICSB is not responsible for damage or delays during shipping. ICSB will gladly assist in the filing of the claim and provide any documentation (i.e. affidavit, photos) needed to ensure full reimbursement of shipping costs.

By my signature below, I authorize International Animal Semen Bank, Inc, dba International Canine Semen Bank (ICSB) – FLORIDA 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. 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. Payment information will be kept on file for the length of the breeding cycle and used for all fresh-chilled shipments occurring in that timeframe.

Signature: _____ Date: ____ / ____ / ____

Cardholder Name Print: _____

Credit Card Number: _____ - _____ - _____

Expiration Date: ____ / ____ CCV#: _____ Zipcode: _____

Email: _____

An invoice including the service charges and tracking number will be sent to this email.