



FROZEN CANINE SEMEN AUTHORIZATION FORM

INTERNATIONAL CANINE SEMEN BANK – FLORIDA

105 E. Alfred St.

Lake Alfred, Florida 38850

863-956-5700 – 863-956-8420 fax

laahrepro@gmail.com



STUD DOG OWNER'S AUTHORIZATION FOR SEMEN COLLECTION AND FREEZING

This form is required for our files. Please read through carefully and fill out all FIVE pages. Return this completed form to ICSB-FL at the address above.

I, _____, **HEREBY AUTHORIZE** International Canine Semen Bank – Florida to collect, freeze, and store semen on the following dog:

Registered Name _____ Breed _____

Registry and Number _____ DNA _____

Date of Birth _____ Microchip or Tattoo # _____ Call Name _____

Please complete the information below. Please print clear and legibly. List below ALL owner/co-owner(s). If this dog is owned by more than one owner and the person completing this authorization form wishes to be the sole owner of this frozen semen, a TRANSFER OF OWNERSHIP form must be completed and returned to ICSB-FL by each owner/co-owner, agreeing to transfer the ownership of this frozen semen to the owner/co-owner wishing to be sole owner of this semen. ICSB-FL is required to have a copy of the dog's registration on file. If the registration is not provided at time of collection the owner is responsible for getting it to ICSB-FL.

Date _____ Primary Owner Signature _____

Printed name of Primary Owner _____

Address _____

City _____ State _____ Zip/Postal Code _____

Best Contact Phone # _____ Alternate Phone # _____ E-mail _____

Co-owner(s) Signature(s) _____

Printed name of Co-owner(s) and Email Address (s) _____

In the event of my death or permanent incapacitation, I transfer all frozen semen from the above dog to:

Full Name _____

Address _____

City _____ State _____ Zip/Postal Code _____

Best Contact Phone # _____ Alternate Phone # _____ E-mail _____

ICSB USE ONLY

ICSB #



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Please read the following statement, initial each paragraph and sign below to show that you have read and understand each statement:

____ International Canine Semen Bank – Florida (ICSB-FL) agrees to collect, freeze and store canine semen from the above dog. The frozen semen will be available to the semen owner (s) for use/shipping following standard procedures, instructions to be supplied to the semen owner after the semen is stored. Payment is due at the time of collection, unless a monthly payment plan is requested and approved. Initial collection, freezing and storage fees will include the first year of semen storage.

____ Late payment of any invoice is subject to a 1.5% per month (18% APR) interest charge and a \$5.00 late fee per month. After 90 days of non-payment, the account will be placed on inactive status. A charge of \$100.00 must be paid to reactivate the account. After 180 days (6 months) of non-payment, the frozen semen will be subject to disposal and/or ownership will be given to ICSB-FL for use as ICSB-FL sees fit. This may include sale or transfer of ownership of the frozen semen by ICSB-FL. The account balance will be submitted to a collection agency for collection. Accounts must be current for frozen semen to be released. It is my responsibility to ensure my account remains current with ICSB-FL. Any change of address or telephone number needs to be provided to ICSB-FL immediately.

____ Fees for semen collection, freezing and storage are charged at the time of collection and on an annual basis for storage. There are additional fees charged by ICSB-FL when the stored semen is shipped for breeding or transfer. These fees are usually termed shipping preparation, shipping tank rental, and actual shipping charges to ship the semen to its destination and for the return of our empty tank.

____ 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-FL shall not be held liable for, and cannot guarantee conception from, frozen canine semen. Nor can ICSB-FL guarantee that the frozen sperm cells will be viable at the time of thawing for insemination.

____ In the event of loss or damage of frozen semen due to natural causes due to weather, fire, storage/shipping tank failure, incorrect semen being inseminated or shipping tank accident/damage, ICSB would not be held liable for the loss or the replacement value of the frozen semen or costs involved in freezing and storing the semen.

By my signature below, I authorize ICSB-FL to perform services for me. I agree to all statements made in the document preceding this signature and any statements made in the following document. I understand ICSB-FL does not guarantee fertility or successful fertilization. I also understand ICSB-FL is not responsible for services rendered by non-ICSB individuals. My payment for ICSB-FL services is due at the time of the service. Other charges may be applied to my credit card at a later date. Please see and complete the credit card authorization form on the next page. I understand that keeping my account current is my responsibility.

Signature

Printed Name

Date

ICSB USE ONLY

ICSB #



CREDIT CARD AUTHORIZATION FORM
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CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Lake Alfred Animal Hospital to charge my credit card for services rendered. The services are described and or indicated below:

- Collect & Freeze Initial (\$350): Including up to 4 breeding units.
- Additional Breeding Units: How many additional units do you pre-authorize: _____ (\$60 each)
- Brucellosis Test Performed (\$40):
- Yearly Storage Fees (\$75): Starts one year after new collections (1st year included).
- Shipment Fees (charges determined at time of shipment):

_____ Other services

Charges are not to exceed _____ dollars without my permission. I understand that shipment charges are determined at the time of shipping and are based on current carrier charges. Those charges will be discussed prior to shipping semen.

Additional service charges may apply if funds are not available and the card is declined at the time payment is requested.

Credit Card Holder Information:

_____ First Name _____ Last Name

_____ Billing Address

_____ City _____ State _____ Zip Code

_____ Best Contact Phone # _____ E-mail

_____ Credit Card Number

_____ Expiration Date _____ Security Code _____ Billing Zip Code

_____ Signature

ICSB Visit Information:

_____ Date of Visit _____ Call Name of Dog

_____ Registered Name of Dog

Please note, all ICSB related charges are the sole responsibility of the owner(s). Fees may be applied if balance becomes overdue and the semen stored may eventually be destroyed. I authorize ICSB-FL to charge any amount to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. ICSB-FL has informed me that any charges will be billed to this card without informing me of amounts unless I ask directly for an estimate prior to my credit card being charged. I agree to any fees charged to my credit card.

<p>ICSB USE ONLY</p> <p>_____</p> <p>ICSB #</p>
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FROZEN CANINE SEMEN RELEASE FORM

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PROCEDURES/GUIDELINES FOR UTILIZING YOUR STUD'S FROZEN SEMEN

When you wish to utilize frozen semen you have stored at ICSB-FL, the following steps should be followed in order to assure that shipping and artificial insemination are carried out efficiently.

1. **Check your account with ICSB-FL.** Your account should show a zero balance for frozen semen to be released for shipment. If you have any questions about your account, please call.
2. **Notify ICSB-FL early in the bitch's estrous cycle.** For example, on the first or second day that you notice a red vaginal discharge from the bitch. Send ICSB-FL a completed "FROZEN SEMEN RELEASE" form.
3. **Allow 7 days for shipment** of the frozen semen. Usually, ICSB-FL can ship sooner than this; however, allow a safe margin of time for the shipment to be handled. It is very difficult, or may be impossible, to ship with just one or two days' notice before the bitch needs to be bred, or on a holiday weekend.
For shipments requested with less than 2 days' notice, an additional handling, "STAT" fee is charged. (Normally, a minimum 24-hour period is required to charge the shipping tank prior to retrieval of the frozen semen and transfer to the shipping tank.)
4. When you request ICSB-FL to ship your dog's frozen semen, please be sure you complete the **Frozen Canine Semen Release form**, listing the **name, address, and telephone number** of the shipment destination. Specify **how many breeding units of semen** you wish to be shipped. (One unit = One insemination). In most cases, 1 or 2 units are shipped. We accept **Visa, MasterCard, American Express, or Discover** for the shipping charges, and it is usually the bitch owner who pays for the shipping and return of the tank. Please note we cannot release frozen semen without the completed FROZEN SEMEN RELEASE FORM on file. A COMPLETED FROZEN CANINE SEMEN RELEASE FORM IS NOT A TRANSFER OF OWNERSHIP.
5. **ICSB-FL will arrange for the shipping of your dog's frozen semen.** If ICSB-FL does not have a trained inseminator close to the bitch, then we can provide detailed written instructions.
6. **Shipping charges, tank rental and return are ultimately the responsibility of the semen owner.** The tank rental charge is \$200.00 for the first 7 days, beginning the day the tank leaves our facility. On the 8th day, a daily tank rental fee of \$10.00 is charged until the tank is returned, or until the replacement cost of the tank is reached. It is a **very good idea** for the semen owner to emphasize the rental fee to the recipient, and that is necessary for the bitch owner or veterinarian at the bitch's location to return the shipping tank as quickly as possible to avoid additional rental charges.
7. 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-FL shall not be held liable for, and cannot guarantee conception from frozen canine semen. Nor can ICSB-FL guarantee that the frozen sperm cells will be viable at the time of thawing for insemination. In the event of loss or damage of frozen semen due to natural causes due to weather, fire, storage/shipping tank failure, incorrect semen being inseminated or shipping tank accident/damage, ICSB-FL would not be held liable for the loss or the replacement value of the frozen semen or costs involved in freezing and storing the semen.
8. By my signature below, I authorize ICSB-FL to perform services for me. I agree to all statements made in the document preceding this signature and any statements made in the following document. I understand ICSB-FL does not guarantee fertility or successful fertilization. I also understand ICSB-FL is not responsible for services rendered by non-ICSB-FL individuals. My payment for ICSB-FL services is due at the time of the service. Other charges may be applied to my credit card later. I understand that keeping my account current is my responsibility.
9. **Prices subject to change without notice.**
10. **ICSB-FL is required to have a copy of the dog's registration on file.** If the registration is not provided at time of collection the owner is responsible for providing it to ICSB-FL.
11. If dog is Co-owned and the person completing this authorization form wishes to be the sole Owner of this frozen semen, a TRANSFER OF OWNERSHIP form must be completed and returned to ICSB-FL by each Co-owner, agreeing to transfer the ownership of this frozen semen to the Owner wishing to be sole Owner of the semen.

Sign and Date Below:

Signed: _____ Dated: _____



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I _____ hereby appoint the following individual as Representative of my dog's frozen semen stored at ICSB-FL. A Representative will have full access to account information and frozen semen inventory. I authorize the Representative to be able to make decisions in regards to release and use of semen at their discretion without notice given to Owner. This authorization does NOT transfer ownership of semen. Ownership remains with Owner/co-owner(s) listed on Registration unless signed TRANSFER OF OWNERSHIP is filed with ICSB-FL.

Owner has the right to add or remove individual Representative at any time by providing notice of such in writing to ICSB-FL. Upon receipt of such notice all rights of the Representative will be terminated immediately.

This authorization is exclusive to the dog's frozen semen listed below and cannot be used for multiple dogs in storage. A separate form must be filled out for each dog.

Registered Name

Breed

Registry and Number

Call Name

Microchip or Tattoo #

Date of Birth

Authorized Representative Name

Authorized Representative Phone Number

Authorized Representative Email Address

Sign and Date Below:

Signature of Owner

Date