



INTERNATIONAL CANINE SEMEN BANK - FLORIDA
 105 E. Alfred St. | Lake Alfred, FL | 33850
 Phone: 863-956-5700 Email: laahrepro@gmail.com |
 Website: <https://www.icsbflorida.com/>

Repeat Collection Authorization Form

This form is required on file and must be submitted to ICSB-FLORIDA. Please read, complete, and sign at the BOTTOM of this page.

Date: _____

I certify, by my signature below, that the dog I am presenting today is already on file with ICSB-FLORIDA. The information listed on this form is complete and accurate to the best of my knowledge. Any discrepancies in the information provided are the responsibility of the signatory. This document does not amend or supersede the most current, signed Authorization Form on file with ICSB-FLORIDA. I hereby authorize International Canine Semen Bank – FLORIDA to collect, freeze, and store semen from the following dog:

Full Registered Name Of Dog:

Registry: _____ **Registration Number:** _____ **DNA Number:** _____

Breed: _____

Age: _____ **Proven?:** Yes No

Printed names of ALL Owner and Co-owner(s):

SIGNATURE(S) of Owner and Co-owner(s):

Phone Number: _____ **Alt. Phone Number:** _____

E-mail Address: _____

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.

Sign and Date Below:

Signature: _____ Date: ____ / ____ / ____

Cardholder Name Print: _____

Credit Card Number: _____ - _____ - _____

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