



INTERNATIONAL CANINE SEMEN BANK - FLORIDA  
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 Website: https://icsbflorida.com/

## Canine Semen Evaluation Authorization Form

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

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

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

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

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

**I hereby authorize International Canine Semen Bank – FLORIDA to collect and evaluate semen from 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 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. 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: \_\_\_\_\_