



International Canine Semen Bank – Colorado (ICSB-CO)
Brighton Animal Clinic
180 E. Bromley Lane
Brighton, CO 80601
Ph. 303-659-2472 Fax 303-637-7697
www.coloradoicsb.com

AUTHORIZATION TO COLLECT, FREEZE AND STORE SEMEN

Please complete all shaded areas. Please print or type legibly. Please complete both pages.

STUD DOG INFORMATION:

Registered Name _____ Call Name _____
Registry & Number _____ Birth Date _____
DNA # _____ Microchip/Tattoo # _____
Breed _____ Color _____

OWNER/AGENT INFORMATION:

Last Name _____ First Name _____ M.I. _____
Address _____
City _____ State _____ Zip _____ Driver license # & State issued _____
Phone _____ Other Phone _____ Email _____

I certify that I am the owner/co-owner/agent of the above stud of record and I authorize the staff of ICSB-CO to examine and perform a reproductive evaluation on this named stud and to collect, freeze and store semen on this same stud any time he is presented to us.

I am aware that any result from treatment, artificial insemination and the use and viability of frozen semen is not and can not be guaranteed. I also understand and agree to all the rules and regulations of ICSB-CO and the American Kennel Club or other Registration Agency regarding the use and record keeping of the artificial insemination programs, frozen and chilled semen programs and the registration of litters produced from this semen.

I agree to pay all fees at the time of collection unless arrangements have been made in advance.

I further agree to pay the annual storage fees within 30 days of receipt of the bill or I will be subject to service charges on any unpaid balance.

After 180 days (6 months) of non-payment, the account will be marked inactive and the semen is subject to disposal and the account will be submitted to a collection agency.

Accounts must be current in order for frozen semen to be released.

OWNER/AGENT SIGNATURE _____ Date _____

AUTHORIZATION TO COLLECT, FREEZE AND STORE SEMEN CONTINUED.

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

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Owner Signature _____ Date _____

PAYMENT INFORMATION

I understand that 50% of the balance is due at the time of collection.

I also understand that a minimum payment of \$100.00 is due each month until the balance is paid off and will be automatically charged to my credit card on or about the 15th of each month.

A minimum \$3.50 service charge will be applied to all balances over 30 days, 1.5% on balances over \$300.00.

VISA / MASTERCARD / DISCOVER

Account Number _____ Exp Date _____ CVV # _____

Printed Name on Credit Card _____

Billing Address _____

City _____ State _____ Zip Code _____

Authorized Signature _____ Date _____

I would like for ICSB-CO to automatically charge my credit card each year on the anniversary date for the following years storage charges.