



INTERNATIONAL CANINE SEMEN BANK – NEW JERSEY (ICSB-NJ)
ALL PETS VET HOSPITAL
1011 US Hwy 202 N, Branchburg, NJ 08876
Phone: (908) 707-1555 | Fax: (908) 707-0166
Email: morsyvet@verizon.net | Website: www.allpets.net

Canine Semen Evaluation Authorization Form

Date: _____ Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

You hereby authorize ICSB-NJ to collect and evaluate semen of 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 your signature below, you authorize ICSB-NJ to perform services for you at your own risk. You agree to all the terms and conditions in this agreement preceding your signature below. You agree for ICSB-NJ to charge the fee for services to your provided payment method below. You understand that other charges may be applied at a later date, if additional services are necessary and ICSB-NJ may or may not notify you of these additional charges prior to charging you. You further state that ICSB-NJ has offered to provide an estimate of these charges to you and you agree to any fees ICSB-NJ charges without informing you. If you initiate a chargeback, or a check is bounced, you understand you will be charged additional fees. If ICSB-NJ has to prove in any way that you authorized the use of your provided payment method below, you will incur additional fees from ICSB-NJ any time they are required to prepare a response to your chargeback. You also agree that any person that pays fees billed to your account at ICSB-NJ will be guaranteed by you. Any person you ask ICSB-NJ to bill on your behalf will be informed by you of fees or charges made by ICSB-NJ. If the person reverses any charge at ICSB-NJ, you will be held liable for reimbursement to ICSB-NJ immediately. It is your responsibility to ensure ICSB-NJ is paid for all services performed by or charged through ICSB-NJ to your account at ICSB-NJ.

Owner Signature: _____ **Date:** _____

Cardholder Signature: _____ **Date:** _____

Cardholder Name Print: _____

Credit Card Number: _____ - _____ - _____

Expiration Date: _____ / _____ CCV#: _____ Zip code: _____