

# 2017 AUTHORIZATION FORM

(2 page document)

INTERNATIONAL CANINE SEMEN BANK - Georgia

c/o Clanton-Malpus Veterinary Hospital

P.O. Box 547

Thomasville, GA 31799

Phone (229) 226-1914/FAX: (229) 227-1757

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## Stud Dog Owner's Authorization for Semen Collection and Freezing

This form is required for our files. Please read, complete and sign at the BOTTOM of this page and on the BACK of this page. RETURN TO ICSB-Georgia at the address above.

I HEREBY AUTHORIZE International Canine Semen Bank-Georgia/Clanton-Malpus Veterinary Hospital to collect, freeze and/or store semen from:

\_\_\_\_\_  
Registered Name of Dog

\_\_\_\_\_  
DNA Identification Number

\_\_\_\_\_  
Breed

\_\_\_\_\_  
Registry

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Age

Microchip Number: \_\_\_\_\_

Tattoo: \_\_\_\_\_

**Please complete the information below and on the BACK. On the printed name line, please print name(s) of all the owner and co-owners of the above dog.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Co-owner Signature

\_\_\_\_\_  
Printed names of Owner and Co-owner(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Postal Code

Telephone: Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Referred by: \_\_\_\_\_

Other people authorized to release semen for use on your behalf.

\_\_\_\_\_  
Telephone # \_\_\_\_\_

\_\_\_\_\_  
Telephone # \_\_\_\_\_

Dog Call Name : \_\_\_\_\_

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

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

**Please read the following statement and sign below:**

International Canine Semen Bank – Georgia (ICSB-GA) / Clanton-Malphus Veterinary Hospital 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. Initial collection, freezing and storage fees will include the first year of semen storage.

Late payment is subject to a 1% per month (12% APR) interest and \$5.00 late fee per month. After 90 days of non-payment, the account will be placed in inactive status. A charge for reactivation will be made. After 180 days (6 months) of non-payment, the frozen semen will be subject to disposal and/or ownership will be given to ICSB for use as ICSB sees fit. This may include sale or transfer of ownership of the frozen semen by ICSB. The account balance will be submitted to a collection agency for collection. Accounts must be current in order for frozen semen to be released. An account at ICSB may consist of more than one dog file under the same owner's name. It is my responsibility to ensure my account remains current with ICSB. Any change of address or phone number needs to be provided to ICSB immediately.

ICSB 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 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-GA shall not be held liable for, and cannot guarantee conception from, frozen canine semen. Nor can ICSB-GA 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, or shipping tank accident/damage, ICSB-GA / Clanton-Malphus Veterinary Hospital would not be held liable for the loss or the replacement value of the frozen semen.

\*(NOTE: 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 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 is required to have a copy of the dog's registration before the frozen semen can be released for use.

By my signature below, I authorize ICSB Georgia 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 that ICSB does not guarantee fertility or successful fertilization. I also understand ICSB is not responsible for services rendered by non-ICSB individuals. My payment for ICSB services is due at the time of the service. Other charges may be applied to my credit card at a later date, if additional services are necessary. ICSB will notify me of these additional charges prior to charging my credit card.

Cardholder name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Card ID # from back: \_\_\_\_\_

**By my signature below, I understand and agree to the above terms and conditions:**

\_\_\_\_\_

Date Signature

\_\_\_\_\_

Printed Name