

Authorization



International Canine Semen Bank – Nebraska
Heartland Animal Center
Director: Ron Green DVM
Website: www.HeartlandAnimal.com
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This form is required for our files. Please read, complete and sign BELOW.

I hereby authorize International Canine Semen Bank-Nebraska to collect, freeze, and store semen on:

Registered Name of Dog

DNA Identification Number

Breed

Registry

Registration Number

Date of Birth

Microchip or Tattoo

Please PRINT the names of the co-owners you wish to have access to this frozen semen.

Date

Signature of Owner/Co-owner

Printed Name of Owner/ Co-Owner

Address

City

State

Zip

Telephone: Home (_____) _____ Work: (_____) _____ Cell: (_____) _____

E-Mail: _____ Referred By: _____

Method of Payment: (circle) Visa MasterCard Discover Check Cash

Credit Card Number: _____ Exp Date _____ Name of Cardholder _____

International Canine Semen Bank - Nebraska (ICSB-NE) agrees to collect, freeze and store canine semen from the above dog. The frozen semen will be available to the semen owner for use/shipping following standard procedures. The written procedures have been supplied to me. Payment is due at the time of collection. 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 a \$5.00 late fee per month. After 90 days of non-payment, the account will be placed in inactive status. A charge for re-activation will be made. After 180 days (6 months) of non-payment, the frozen semen will be 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.

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-NE shall not be held liable for and cannot guarantee conception from frozen canine semen nor can ICSB-NE guarantee that the frozen sperm cells will be viable at the time of thawing for insemination.

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

Date

Signature

TOTAL VIALS

Printed Name

I understand that storing additional vials above 6 will add costs to the base price.

Please freeze the number of vials as checked below:

- Only freeze **6 vials**, no matter how many are produced. This will not add any extra cost to the base price
- Freeze **all vials** regardless of amount of vials above 6 produced.
- 1 vial above 6 (total **7 vials**) 2 vials above 6 (total **8 vials**) 3 vials above 6 (total **9 vials**)
- 4 vials above 6 (total **10 vials**) 5 vials above 6 (total **11 vials**)

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

Name

Phone Number

Address

City

State

Zip