



Authorization for Timing Services

Form valid for a 30-day period starting from the date of signing this form.

Check the box for Service Type: Progesterone Testing Vaginal Cytology

Name of Bitch: _____ Registry/Reg. Number: _____

Breed: _____ Age: _____ Color: _____

Day of Cycle/Last Progesterone Result: _____

Proven/Produced Litter(s)? Yes No Has she been artificially inseminated before? Yes No

Reason for Service: Professional/Commercial Breeder Personal/Family

Name of Owner(s): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Terms and Conditions

- Timing Services include Vaginal Cytology and blood draws for Progesterone Testing.
- You authorize ICSB to perform Timing Services on your female dog. You hereby authorize ICSB to provide the requested service on multiple occasions as necessary within a 30-day period starting from the date of signing this form. You agree to hold harmless and release ICSB for any and all outcomes that result from the Timing Services.
- You understand and agree that timing is crucial for successful breeding and that it can vary from dog to dog. As the owner of the dog, you will ultimately decide when to perform insemination after recommendations. For TCIs at ICSB, we require progesterone testing to optimize the time of breeding.
- You understand and agree that there are inherent and unavoidable risks associated with performing these services, and you release and agree to hold harmless ICSB from any liability related to the Timing Services. You understand and agree that every female's anatomy is different and so is their behavioral response to these services. ICSB will perform the Timing Services to the best of its capabilities, however, it is possible we are unable to draw blood or perform the vaginal cytology due to the female's anatomy and/or if the dog's behavior does not allow us to do so.
- You also understand and agree that ICSB is not responsible for services rendered by other professionals.

ICSB's liability, as well as that of any of its owners, employees, or agents, may not and shall not exceed the total compensation received by ICSB for the Timing Services. This limitation of liability applies to any and all claims, losses, expenses, injuries, or damages arising out of or in any way related to the performance of this agreement or Timing Services, by reason of any act or omission, including breach of contract, negligence, errors, omissions, strict liability, or any reason whatsoever, not amounting to a willful, wanton, or intentional wrong. This limitation of liability includes, but is not limited to claims for lost profits, loss of use, costs of replacement, special damages, and/or indirect or consequential damages whatsoever, regardless of whether or not it was caused in whole or in part by ICSB or its owners, employees, or agents.

In the event that any dispute arises between you and ICSB, you agree that the dispute shall be governed by laws of the State of Oregon, USA, without regard to any conflict of laws principles, and you agree that any and all disputes and actions shall be commenced only in the Circuit Court of the State of Oregon for Multnomah County, Oregon. You agree that the statute of limitations for any claim related to or arising out of this agreement is six months, and any claim commenced after six months, without exception, is time-barred. This applies to any claims brought by you or ICSB. You agree that for this statute of limitations, there is no discovery rule, and this six-month statute of limitations supersedes any statute of limitation or statute of ultimate repose that otherwise may have applied.

By your signature below, you certify that the information you provide in this document is true and correct. You authorize ICSB to perform Timing Services and timing services on your female dog at your own risk. You agree to all the terms and conditions in this agreement preceding your signature below. You agree for ICSB 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 may or may not notify you of these additional charges prior to charging you. You further agree that ICSB has offered to provide an estimate of these charges to you, and you agree to any fees ICSB charges without informing you. If you initiate a chargeback, or a check is bounced, you understand you will be charged additional fees. If ICSB has to prove in any way that you authorized the use of your provided payment method below, you will incur additional fees from ICSB 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 will be guaranteed by you. Any person you ask ICSB to bill on your behalf will be informed by you of fees or charges made by ICSB. If the person reverses any charge at ICSB, you will be held liable for reimbursement to ICSB immediately. It is your responsibility to ensure ICSB is paid for all services performed by or charged through ICSB to your account at ICSB.

X

SIGNATURE(s) of Bitch Owner(s)

DATE

Signature of Cardholder: _____ Date: _____

Cardholder Name Print: _____ CCV#: _____ Zip Code: _____

Credit Card Number: _____ Exp Date: ____/____/____