Fresh-Chilled Semen Shipment Authorization Form

	•	omitted prior to the appointmen		hipment will require a new form.
Email & Pho	ne:			
Registered N	ame of Stud:			
Registry and Registration Number:			Breed:	
SHIP TO:		nt:		
	•			one:
	City:		State: Zip	Code:
FOR USE BY	-		-	
Bitch Owner:	:		Pho	one:
Registered N	ame of Bitch:			
		oer:	Breed:	
Reason for s	ervice(s): Professi	ional/Commercial Breed	ler □ Personal/Family □	
additional inform certain volume, p express or implie quality or motility of semen. Canine arrival quality. O sample, the deter	ation is required, it must lease request prior to colled, that canine semen upon y, or that the use of any content semen survivability varies by the semen survivability varies in temperature for semination of quality may	be requested before collection. Ac lection. You understand and agree on arrival will stay the same, that anine semen will result in concept ries between canines. A semen su emen is between 98-100°F. If pro	Iditional fees may be incurred. If that ICSB makes no promises, g canine semen will be viable, tha ion. ICSB may not and shall not rvivability test is offered in-offic oper warm-up temperatures and to sible for damage or delays during	rmality, and estimated concentration. I you would like a sample spun down to a uarantees, warranties, or representations t canine semen will be of any particula be held liable for outcomes from the use ce and strongly recommended to ensure time are not utilized upon receipt of the g shipping. ICSB may assist in the filing he shipping company.
ICSB. This limit the performance liability, breach includes, but is	tation of liability applie e of this agreement by of warranty, or any rea not limited to claims fo	s to any and all claims, losses, e reason of any act or omission son whatsoever, not amounting	xpenses, injuries, or damages a , including breach of contract to a willful, wanton, or intention of replacement, special dama	ed the total compensation received by arising out of or in any way related to negligence, errors, omissions, strictonal wrong. This limitation of liability ages, and/or indirect or consequentia ers, employees, or agents.
without regard t Court of the Stat Court of the Stat of this agreement brought by you	to any conflict of laws p nate of Oregon for Multi te of Oregon for Multion nat is one year, and any and ICSB. You agree t	rinciples, and you agree that any nomah County, Oregon. You ago nmah County, Oregon. You agre y claim commenced after one y	y and all disputes and actions s gree to submit to the exclusive e that the statute of limitations year, without exception, is times, there is no discovery rule, a	d by laws of the State of Oregon, USA hall be commenced only in the Circui jurisdiction and venue of the Circui for any claim related to or arising ou the charred. This applies to any claims and this one-year statute of limitations.
for you at your or the fee for service are necessary and provide an estima bounced, you un- payment method agree that any per informed by you immediately. It is	wn risk. You agree to all es to your provided paynd ICSB may or may not ate of these charges to yo derstand you will be chelow, you will incur a rson that pays fees billed of fees or charges mades your responsibility to	the terms and conditions in this a nent method below. You understan notify you of these additional character and you agree to any fees ICSB arged additional fees. If ICSB hadditional fees from ICSB any tit to your account at ICSB will be g by ICSB. If the person reverses ensure ICSB is paid for all serv	greement preceding your signatured that other charges may be appeared prior to charging you. Yo charges without informing you. It as to prove in any way that you me they are required to prepare uaranteed by you. Any person yo any charge at ICSB, you will be ices performed by or charged the	You authorize ICSB to perform services re below. You agree for ICSB to charge died at a later date, if additional services us further state that ICSB has offered to f you initiate a chargeback, or a check is a authorized the use of your provided a response to your chargeback. You also us ask ICSB to bill on your behalf will be a held liable for reimbursement to ICSE through ICSB to your account at ICSB pments occurring in that timeframe.
SIGNATURE	E of Stud Owner:			Date:
				Date:
				Date:
Credit Card N Expiration Da	te:/	 CCV#:	Zip Code:	

Email Address: