



INTERNATIONAL ANIMAL SEMEN BANK, INC.
dba INTERNATIONAL CANINE SEMEN BANK and ICSB
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Pregnancy Ultrasound Authorization Form

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

Appointment Date: _____ Day Post-Breeding: _____

Name of Bitch: _____

Proven/Produced Litter(s)?: Yes ☐ No ☐ Date(s) Bitch was bred: _____

Type of insemination method: ☐ Natural ☐ Vaginal AI ☐ TCI ☐ Surgical AI

Printed Name(s) of Bitch Owner(s): _____

Mailing Address: _____

Phone: _____ Email: _____

Reason for service(s): Professional/Commercial Breeder ☐ Personal/Family ☐

Ultrasounds are performed by trained technicians, and a veterinarian will review the imaging to determine if the Bitch is pregnant. An ultrasound report will be provided to you through email. ICSB cannot confirm the number of puppies through ultrasound. You understand and agree that the Report only represents the pregnancy status at the time of imaging, and that fetus(es) can be absorbed by the Bitch in the future. ICSB should not be held liable if this occurs. You understand that this service is in no way a substitute for regular veterinary care provided by your primary care veterinarian.

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. 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 by reason of any act or omission, including breach of contract, negligence, errors, omissions, strict liability, breach of warranty, 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 to submit to the exclusive jurisdiction and venue of 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 one year, and any claim commenced after one year, without exception, is time-barred. This applies to any claims brought by you and ICSB. You agree that for this statute of limitations, there is no discovery rule, and this one-year 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 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 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 state 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. 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.

X

SIGNATURE and DATE OF SIGNATURE of Owner(s)

Signature of Cardholder: _____ Date: _____

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

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