



Authorization for Vaginal Artificial Insemination

Each artificial insemination will require a new form.

Date: _____

Name of Bitch: _____

Breed: _____ Age: _____

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

Reason for Service: Professional/Commercial Breeder ☐ Personal/Family ☐

Printed Name of Bitch Owner(s): _____

Mailing Address: _____

Phone: _____ E-mail: _____

Printed Name of Stud/Semen Owner(s): _____

Mailing Address: _____

Phone: _____ E-mail: _____

If Fresh-Collected or Fresh-Chilled Semen, fill out this section:

Name of Stud: _____

Breed: _____ Age: _____

Proven/Produced Litter(s)? Yes ☐ No ☐ Has he been collected before? Yes ☐ No ☐

Reason for Service: Professional/Commercial Breeder ☐ Personal/Family ☐

If Frozen Semen (not recommended with Vaginal AI), fill out this section:

Name of Stud: _____

Breed: _____ DOB: _____

Proven/Produced Litter(s)? Yes ☐ No ☐

Reason for Service: Professional/Commercial Breeder ☐ Personal/Family ☐



Terms and Conditions

- NO VIDEO RECORDING ALLOWED
- You authorize ICSB to perform a Vaginal Artificial Insemination (Vaginal AI) on your female dog with the semen from the stud on this form. You agree to indemnify, hold harmless, and release ICSB and its owners, employees, and agents from any liability related to disputes between you and the stud owners.
- 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. ICSB recommends progesterone testing along with other monitoring techniques, such as vaginal cytology, to optimize the time of breeding.
- You understand and agree that there are no promises, agreements, representations, warranties, or guarantees of any form that any pregnancy will result or that any litter will have any number of puppies. You agree to hold harmless and release ICSB for any and all outcomes that result from the Vaginal AI and use of semen from the stud dog.
- You understand and agree that there are inherent and unavoidable risks associated with performing any assisted breeding techniques, and you release and agree to hold harmless ICSB from any liability related to the Vaginal AI. You understand and agree that every female's anatomy is different and so is their behavioral response to the Vaginal AI procedure. ICSB will perform the Vaginal AI to the best of its capabilities.
- If we are not able to enter the vaginal canal due to the female's anatomy and/or behavior, a discounted semen preparation fee will be charged.
- You also understand and agree that ICSB is not responsible for services rendered by other professionals or stud owners.

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 Vaginal AI. 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 Vaginal AI, 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 a Vaginal AI 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. Payment is due at time of service. For services involving shipment or transportation, payment will be required prior to shipment by ICSB. 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, 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.

SIGNATURE of Stud Owner: _____ **Date:** _____

SIGNATURE of Bitch Owner: _____ **Date:** _____

SIGNATURE of Cardholder: _____ **Date:** _____

Printed Name of Cardholder: _____