INTERNATIONAL ANIMAL SEMEN BANK, INC.
dba INTERNATIONAL CANINE SEMEN BANK and ICSB
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# Repeat Authorization Form

Use this if the stud already has semen stored at ICSB in Oregon.

**Date: _____**

You certify and represent, by your signature below, that the dog you are presenting today is already on file with ICSB and that the information listed on this form is complete and accurate to the best of your knowledge. Any discrepancies in the information provided are the responsibility of the signatory. You understand and agree that this agreement incorporates by reference all of the terms and conditions to which you have previously agreed in a signed writing with ICSB for the following dog. This agreement does not amend, supersede, or replace any signed agreement that you have with ICSB for the following dog. You hereby authorize ICSB to collect, freeze, and store semen of the following dog:

**Registered Name Of Dog: _____**

**Call Name: _____ Breed: _____**

**Registry: _____ Registration Number: _____ DNA Number:_____**

**Age/DOB: _____ Proven/Produced Litter(s)?: Yes ☐ No ☐**

**Is this dog part of a breeding program: Yes ☐ No ☐**

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

**Printed Name(s) of Semen Owner(s):_____**

_____

**Note:** Only listed owners on the stud's registration certificate can be owners of the semen without needing a Transfer of Ownership. **If the stud is AKC-registered,** only list the name(s) of the owners of the stud that you would like this semen collection to be owned by; if you wish to be the sole owner, only list yourself. The listed owners will be on the collection report provided to AKC. **ICSB is required to have a copy of the dog's registration certificate on file. If the registration certificate is not provided at time of collection, the owner is responsible for providing it to ICSB.**

**Phone Number: _____ Alt. Phone Number: _____**

**E-mail Address: _____**

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. 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 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, 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 you allow to access your frozen semen at ICSB, or 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. For any additional services recommended by ICSB or requested by you, we are authorized to perform those services with your verbal (in person or over the phone) or written consent.

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

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

**Printed Name of Cardholder: _____**