



International Canine Semen Bank – Colorado (ICSB-CO)
Brighton Animal Clinic
180 E. Bromley Lane
Brighton, CO 80601
Ph. 303-659-2472 Fax 303-637-7697
www.coloradoicsb.com

AUTHORIZATION TO COLLECT, FREEZE AND STORE SEMEN

Please complete all shaded areas. Please print or type legibly. Please complete both pages.

STUD DOG INFORMATION:

Registered Name _____ Call Name _____

Registry & Number _____ Birth Date _____

DNA # _____ Microchip/Tattoo # _____

Breed _____ Color _____

OWNER/CO-OWNER(s):

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____ Driver license # & State issued _____

Phone _____ Other Phone _____ Email _____

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____ Driver license # & State issued _____

Phone _____ Other Phone _____ Email _____

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____ Driver license # & State issued _____

Phone _____ Other Phone _____ Email _____

I certify that I am the owner/co-owner(s) of the above stud of record and I authorize the staff of ICSB-CO to examine and perform a reproductive evaluation on this named stud and to collect, freeze and store semen on this same stud any time he is presented to us. I agree to pay all fees at the time of collection.

I am aware that any result from treatment, artificial insemination and the use and viability of frozen semen is not and can not be guaranteed. I also understand and agree to all the rules and regulations of ICSB-CO and the American Kennel Club or other Registration Agency regarding the use and record keeping of the artificial insemination programs, frozen and chilled semen programs and the registration of litters produced from this semen.

_____ I further agree to pay the annual storage fees within 30 days of receipt of the bill or I will be subject to service charges on any unpaid balance.

_____ After 180 days (6 months) of non-payment, the account will be marked inactive and the semen is subject to disposal.

_____ Accounts must be current in order for frozen semen to be released.

_____ I understand if a co-ownership exists and I am releasing frozen semen other than for my own personal use (a bitch that I own or am leasing) it is my responsibility to notify all co-owners.

_____ I understand that ICSB-CO requests that 7 days notice be given for any release of semen. Any release received with less than 24 hours notice will not be processed. Stat fees will be assessed if less than 7 days notice is given. Notice is considered the receipt of the signed semen release form. If sent over a Holiday or weekend notice is the next business working day.

OWNER SIGNATURE _____ Date _____

OWNER SIGNATURE _____ Date _____

PAYMENT INFORMATION TO BE HELD ON FILE FOR STORAGE PAYMENTS

VISA / MASTERCARD / DISCOVER / CARE CREDIT

Account Number _____ Exp Date _____ CVV # _____

Printed Name on Credit Card _____

Billing Address _____

City _____ State _____ Zip Code _____

Authorized Signature _____ Date _____

_____ I would like for ICSB-CO to automatically charge my credit card each year on the anniversary date for the following year's storage charges.