ANIMAL CLINIC NORTHVIEW
36400 CENTER RIDGE RD
NORTH RIDGEVILLE, OHIO 44039
440-327-8282

DATE

REPRODUCTION CLIENT INFORMATION

OWNER'S NAME AND ADDRESS				
	(LAST)	(FIRST)	(MIDDLE INT)	(CELL PHONE)
	(STREET)	(CITY)	(STATE)	(ZIP)
SPOUSE NAME				
	(NAME)			(CELL PHONE)
EMPLOYER'S NAME				
	(EMPLOYER'S NAME)	(BUSINESS PHONE)		(EXTENSION)
E-MAIL ADDRESS				

ANIMAL INFORMATION

NAME	DNA#	BREED	COLOR	(DOB)	MICROCHIP #
COUNTY:					

DUE TO CONSTANT RISING OPERATIONAL COST, WE ESTABLISHED THE FOLLOWING POLICY
FULL PAYMENT AT THE TIME OF SERVICES

VISA, MASER CARD, DISCOVER, AMERICAN EXPRESS, CASH, MONEY ORDER OR PERSONAL CHECK ACCEPTED PROPER I.D. INCLUDING DRIVER LISCENSE, IS REQUIRED FOR ALL PERSONAL CHECKS. OWNER'S DRIVER LI. #_____ .

I HAVE READ THE ABOVE AND UNDERSTAND THAT ANY BALANCE OVERDUE MORE THAN TEN (10) DAYS WILL BE CONSIDERED DELIQUENT AND AFTER THIRTY (30) DAYS WILL BE SUBJECT TO COLLECTIONS BY AN OUTSIDE AGENT , WITHOUT NOTICE OR DEMAND OF PAYMENT AND WITHOUT PROTEST OF DEBTOR COLLECTION FEES SHALL INCLUDE ALL COST AND EXPENSE TO CONTACT CLIENT, AND WITH UNPAID BALANCE , BE SUBJECT TO A RATE OF STATUTORY INTEREST. IN THE EVENT OF LEGAL SUIT TO ENFORCE PAYMENT. I AGREETO PAY SUCH, ADDITIONAL SUMS AS ATTONERY'S FEES AND RELATED COSTS AS THE COURT MAY JUDGE REASONABLE.

SIGNATURE:_____

(MUST CORRESPOND WITH ABOVE OWNER'S INFORMATION)

Animal Clinic Northview, Inc.

36400 Center Ridge Road
North Ridgeville, Ohio 44039
440-327-8282

INTERNATIONAL CANINE SEMEN BANK, INC-OH (ICSB-Ohio)

STUD DOG OWNER AUTHORIZATION FOR SEMEN COLLECTION, FREEZING AND STORAGE

I herby authorize ICSB-Ohio to collect , freeze and store semen of :

REGISTERED NAME OF STUD DOG	
CALL NAME	
BREED	
REGISTRY AND NUMBER	

PLEASE READ CAREFULLY

ICSB- Ohio and Animal Clinic Northview , Inc. (ACN) make no representation that a successful whelping will result from any breeding. ICSB-Ohio and ACN shall not be responsible for loss or accidental thawing of semen which results from storage tank failure, or from any other cause beyond the reasonable control of ICSB-Ohio and ACN. If such an event occurs, ICSB-Ohio and ACN's sole liability will be to return any prepaid fees.

Semen Collection and storage is strictly an elective procedure and all fees are due and payable in full at the time the procedure is performed.

If any balance is not paid within five working days, it is considered delinquent and will be subject to late charges. After 30 days, the balance will be turned over to collections by our outside legal counsel and you may be subject to additional charges, including attorney's fees. **For accounts which remain delinquent after 30 days, ICSB-Ohio and ACN are not responsible for maintaining the semem storage and may destroy it.**

If you wish to designate disposition of the semen in the event of your death, you may indicate your wishes by checking one of the options below:

_____ **In the event of my death, I authorize ICSB-Ohio and ACN to discontinue storage of and destroy all frozen semen for the dog listed**

_____ **In the event of my death, I transfer all rights and ownership of all frozen semen from the dog listed above to the following individual.**

Name:_____ Phone:_____
Address:_____ Email:_____
Adress:_____

I REPRESENT THAT I AM THE OWNER OR CO-OWNER OF THE DOG LISTED ABOVE AND HAVE FULL AUTHORITY TO ENTER INTO THIS AGREEMENT. I HAVE READ AND REVIEWED THE FOREGOING AND UNDERSTAND THAT THIS IS A LEAGALLY BINDING AGGREEMENT .

Owner Signature: _____ Date:_____
Owner Printed Name: _____ Phone:_____
Email:_____