

Client Registration Form

International Canine Semen Bank-Grass Valley, Inc
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530-273-9123 Phone
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This form is required for our files. Please complete this form and sign below.

I hereby authorize INTERNATIONAL CANINE SEMEN BANK, Inc, to perform services for me. I understand that they cannot guarantee fertility or successful fertilization. I also understand that they are not responsible for the services rendered by other professionals, ie: Delta, fed ex, or veterinarians. I further understand that payment is due at the time of service, and if using a credit card, it will not be declined, or if paying by check it will not be returned. I understand that if these scenarios arise, I will be charged additional fees.

By my signature below, I agree to these conditions*****

Date: _____ Printed Name of Owner/coowner: _____

Address: _____ City/State/Zip _____

Telephone: _____ Home _____ office _____ cell _____

Email address: _____

Method of Payment (please circle): Visa MC AE Check Cash

Credit Card Number: _____ Exp: _____

Authorization code on credit card: _____

Name on Credit Card: _____

Signature: _____