



AUTHORIZATION FORM
INTERNATIONAL CANINE SEMEN BANK – ANAHEIM

8290 East Crystal Drive
Anaheim, CA 92808

Phone: (714) 921-8700 * Fax: (714) 283-1262
E-Mail: wynline@aol.com

Stud Dog Owner's Authorization for Semen Collection and Freezing

This form is required for our files. Please read, complete and sign on the **BACK** and **BELOW**, then return to ICAB-Anaheim at the address above. If you do not own this dog, you will not have access to the semen. I HEREBY AUTHOURIZE INTERNATIONAL CANINE SEMEN BANK-ANAHEIM TO COLLECT, FREEZE ANS STORE SEMEN ON:

_____		_____	
Registered Name of Dog		DNA Identification number	
_____	_____	_____	_____
Breed	Registry	Registration number	Age (yrs)

Please complete the information below and on the back. On the printed name line, please print the name(s) of the co-owners you wish to have access to this frozen semen.

_____	_____
Date	Owner/Co-owner Signature

Printed Name of Owner or Co-owner(s)	

Address	

Zip/Postal Code	

Telephone: Home () _____ Work : () _____

Email: _____ Referred by: _____

Method of Payment (Circle): Visa MC Discover Check Cash MO

Credit Card Number: _____ EXP _____

Name of Cardholder: _____

(OVER, PLEASE)