

AUTHORIZATION FOR FROZEN SEMEN STORAGE

STUD DOG INFORMATION:

Registered name _____
Breed _____ Call name _____
Color/markings _____ Date of birth _____
AKC # _____ DNA # _____ Tattoo/Microchip _____

OWNER/AGENT INFORMATION:

Name _____
Address _____
Phone number _____

I certify that I am the owner/agent of the above named stud dog and I authorize Springfield Veterinary Center to perform a reproductive examination and collect, freeze and store semen on this dog.

I agree to hold Springfield Veterinary Center, its representatives, employees and agents harmless for any loss of semen stored under this agreement. I agree to indemnify and hold harmless Springfield Veterinary Center, its employees, agents and representatives against any and all claims, including third party claims for loss during storage or shipment of semen. Springfield Veterinary Center recommends that owners obtain private insurance coverage for frozen semen.

I agree to pay the annual storage fees for this semen and any charges associated with the shipping or transfer of this semen 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 considered inactive and the semen is subject to disposal. Accounts must be current in order for frozen semen to be released.

I understand that the viability of frozen semen and any result from artificial insemination and the use of frozen semen are not and cannot be guaranteed. I understand and agree to the rules and regulations of Springfield Veterinary Center and The American Kennel Club or other applicable registry regarding the use and record keeping of artificial insemination programs, frozen and chilled semen programs, and the registration of litters produced from this semen.

(Optional)

In the event of my death or permanent incapacitation, I transfer all frozen semen from this stud dog to:

Name _____
Address _____
Phone number _____

Owner/Agent Signature _____ Date _____

SPRINGFIELD VETERINARY CENTER

FREEZING PROTOCOL

OWNER TO BRING TO SPRINGFIELD VETERINARY CENTER:

- 1.) COPY OF AKC REGISTRATION
- 2.) PHOTOS—FULL FRONT VIEW & BOTH LEFT & RIGHT SIDES, MUST BE IN COLOR
- 3.) MICROCHIP OR TATTOO NUMBER
- 4.) DNA PROFILE NUMBER OR CAN BE DONE AT SVC
- 5.) COPY OF NEGATIVE BRUCELLOSIS TEST WITHIN PAST 6 MONTHS OR CAN BE DONE AT SVC
- 6.) PREFER TO HAVE A TEASER BITCH UNLESS WE HAVE PREARRANGED TO HAVE ONE AT SVC
- 7.) +/- PEDIGREE

APPOINTMENT WILL NEED TO BE SCHEDULED AT SPRINGFIELD VETERINARY CENTER IN THE MORNING BECAUSE OF LENGTH OF FREEZING PROCEDURE.

SPRINGFIELD VETERINARY CENTER 4416 SPRINGFIELD ROAD
GLEN ALLEN, VA 23060 (804) 270-7274; (804) 270-1317 FAX