

SIRIUS CANINE FERTILITY, INC.

STUDDOG OWNER'S AUTHORIZATION

FOR SEMEN COLLECTION AND FREEZING

This form is required for our files. Please complete this form and sign below, and return to Sirius Canine Fertility at the following address: Sirius Canine Fertility, Inc. P.O. Box 741, Cedar Ridge, CA 95924.

Phone: 530-273-9123 Fax: 530-273-9128

I hereby authorize Sirius Canine Fertility, Inc. (SCF) to collect freeze and store semen on:

Date: _____ Signature of agent presenting dog: _____

Registered Name _____ Call Name of Dog: _____

Breed _____ DOB _____ Color: _____

Registry and Number _____ Additional Registry (ASCA, etc?) _____

DNA profile number _____ Microchip number _____

Printed Name of Owner and ALL Co-owners _____

Address: _____ City/State/Zip _____

Telephone () _____ Home () _____ office () _____ mobile

Email address: _____

Please note, Semen collected from a dog is the property of the owner of the dog ON THE DAY OF SEMEN COLLECTION, unless a transfer of ownership form is presented from the owner of record designating ownership of the semen to another party. If there is more than one owner, the semen belongs to all owners. If an agent presents the dog for semen collection and pays for that collection, the ownership of the semen still remains with the owner of the dog on that day, unless a completed TRANSFER OF OWNERSHIP is provided to us. Sirius Canine Fertility, Inc. does not take part in any disputes over semen ownership.

Were you referred to us by a current client? If so, please provide their name so we can thank them!

Referred By: _____

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

Name: _____

Address: _____

Phone: _____

Please read the following statement and sign below:

Sirius Canine Fertility, Inc. (SCF) agrees to collect, freeze and store canine semen from the above dog. The frozen semen will be available to the semen owner(s) for use/shipping following standard procedures, instructions to be supplied to the semen owner after the

semen is stored. Payment is due at the time of collection, unless a monthly payment plan is requested/approved. Initial collection, freezing and storage fees will include the first year of semen storage.

Late payment is subject to a 1% per month (12% APR) interest and \$5.00 late fee per month. After 90 days of non payment, the account will be placed in inactive status. A charge for reactivation will be made. After 180 days (6 months) of non-payment, the frozen semen will be subject to disposal and/or ownership will be given to SCF for use as SCF sees fit. This may include sale or transfer of ownership of the frozen semen by SCF. The account balance will be submitted to a collection agency for collection. Accounts must be current in order for frozen semen to be released. It is my responsibility to ensure my account remains current with SCF. Any change of address or phone number needs to be provided to SCF immediately.

Sirius Canine Fertility, Inc. (SCF) policy is to email invoices and statements. If you prefer snail mail, please Initial here: _____ Please check your spam folder for invoices from us.

Sirius Canine Fertility, Inc. (SCF) fees for semen collection, freezing and storage are charged at the time of collection and on an annual basis for storage. There are additional fees charged by SCF when the stored semen is shipped for breeding or transfer. These fees are usually termed shipping preparation, shipping tank rental, and actual shipping charges to ship the semen to its destination and for the return of our empty tank.

Sperm cells will eventually cease living, but no one knows or can predict when this will occur, and it can vary from dog to dog. SCF shall not be held liable for, and cannot guarantee conception from, frozen canine semen. Nor can SCF guarantee that the frozen sperm cells will be viable at the time of thawing for insemination.

In the event of loss or damage of frozen semen due to natural causes due to weather, fire, storage/shipping tank failure, or shipping tank accident/damage, SCF would not be held liable for the loss or the replacement value of the frozen semen.

***(NOTE: If this dog is owned by more than one owner and the person completing this authorization form wishes to be the sole owner of this frozen semen, a TRANSFER OF OWNERSHIP form must be completed and returned to SCF by each owner/co-owner, agreeing to transfer the ownership of this frozen semen to the owner/co-owner wishing to be sole owner of this semen.) If an agent is presenting the dog for collection, and expects to own the semen, a TRANSFER OF OWNERSHIP form must be completed and returned to us as well. This semen is the property of the person/persons who own this dog on the date of semen collection.**

SCF is required to have a copy of the dog's registration before the frozen semen can be released for use.

By my signature below, I authorize Sirius Canine Fertility, Inc. (SCF), to perform services for me. I agree to all statements made in the document preceding this signature and any statements made in the following document. I understand SCF does not guarantee fertility or successful fertilization. I also understand SCF is not responsible for services rendered by professionals of any other company. My payment for SCF services is due at the time of the service. Other charges may be applied to my credit card at a later date, if additional services are necessary. SCF may or may not notify me of these additional charges prior to charging my credit card. Any charges may be made without my permission. In the event I initiate a chargeback, I understand I will be charged additional office fees. If SCF has to prove in any way that I authorized the use of my credit card, I will incur additional fees for personnel time required to prepare a response to my chargeback. I also agree that any person I allow to access my frozen semen at SCF, or any person that pays fees billed to my account at SCF will be guaranteed by me. Any person I ask SCF to bill on my behalf will be informed by myself of fees or charges made by SCF to their credit card. If the person reverses any charge at SCF I will be held liable for reimbursement to SCF immediately. It is my responsibility to ensure SCF is paid for all services performed by or charged through Sirius Canine Fertility, Inc.,(SCF) to my account .

Cardholder Name Print: _____

Billing Address:

Credit Card Number: _____

Expiration Date: _____ / _____ **Card Identification Number (CCV):** _____

Sign and Date Below:

Signed: _____ **Dated:** _____

I authorize Sirius Canine Fertility, Inc. to charge any amount to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. SCF has offered to provide an estimate of these charges to me. SCF has informed me that any charges will be billed to this card without informing me of amounts unless I ask directly for an estimate prior to my credit card being charged. I agree to any fees SCF charges to my credit card.