

Client Registration Form

Sirius Canine Fertility, Inc

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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. I also understand that they are not responsible for the services rendered by other professionals, ie: Delta, Fedex, or veterinarians. **If an appointment is missed without 24 hour notice, a missed appointment fee may be charged.** *Annual storage fees are not prorated, a 30 day grace period from bill date will be given for shipments of all semen, disposals and transfer of ownerships*

By my signature below, I agree to these conditions

Date: _____ Printed Name of Owner/co-owner: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Alternate Number: _____

Email address: _____

Did someone refer you to us? If so, please tell us who so we can thank them!

Referred by: _____

Dog/Bitch Name _____ Breed _____

Method of Payment (please circle): Visa Mastercard American Express Discover Check Cash

Credit Card Number: _____ Exp _____ - _____ CCV: _____

Name on Credit Card: _____

Billing Address (if different from above): _____

Signature: _____