

FROZEN CANINE SEMEN RELEASE FORM

This form must be completed by the semen owner and submitted to Sirius Canine Fertility, before frozen semen can be released. For transfers of 1-4 breeding units, please submit this form to arrive at least 3 business days before requested shipping date. For bulk transfers, submit this form at least 30 days prior. This form is NOT considered submitted until all sections have been completed and form has been returned to us. This includes Stud and Bitch owner sections. We cannot guarantee delivery of requested semen if 3 business day's notice is not given for regular transfers and 30 days for bulk transfers. We will make every effort to accommodate requests as quickly as possible, but cannot make guarantees in less time than stated. For regular transfers, if notice is less than three days, a stat fee will apply as follows: 2- day- \$50; 1-day - +\$100; Same day - \$200; Same day on Wednesday (business hours 9-1)-\$250; ½ day notice (after 11:00 am) -\$300+,. Signatures from BOTH semen and bitch owners are required for this form to be considered complete and submitted, please do this at least 3 days before the delivery is expected.

Registered Name of Dog _____ Breed _____

NUMBER OF VIALS TO RELEASE: _____ Registry and Number (ie: AKC) _____

Ship to: Name _____ Phone # _____

Veterinary Facility: _____

Address: _____

For use by: Bitch Owner _____ Phone# _____

Email: _____

Billing Address: _____

Registered name/reg # of bitch to be bred _____

The semen shipment should be shipped to arrive on or before _____ (Date)

Charges are to be billed to (Visa, Mastercard, Am Ex, Discover) number _____

Exp Date _____ (Your credit card will be charged prior to shipment)

Security code on credit card (3 digit number on back) (4 digit on front for Am Ex) _____

Bitch Owner/ Card Holder Signature: _____

(I have read the Terms of this Agreement, and authorize Sirius Canine Fertility to charge my card accordingly)

Name on Credit Card _____

This shipment will be insured to cover the shipping tank replacement in the event of damage/loss during shipping. Additional insurance to cover the value of the semen may be purchased at a rate of \$1.30 per \$100 of insurance. If desired, please indicate the amount you wish to insure the shipment \$ _____ Initial to decline _____

While shipping costs are usually paid by the bitch owner, the semen owner is ultimately responsible for all costs in the event that the bitch owner fails to reimburse Sirius Canine Fertility, Inc. for the shipping or the return of the tank, or if the credit card charges are declined or charged back for any reason.

By my signature above and below, I agree to the terms and understand that SCF are not responsible for services rendered by other professionals. This includes semen thawing techniques not performed by SCF. SCF makes no guarantees as to the success of using the semen, nor the ability of the shipping company to deliver on time. We understand that SCF has provided accurate information on sperm counts and quality as of the time of freezing and cannot guarantee how the semen has withstood or degraded in storage over any time period.

Semen Owner INITIAL _____

Bitch Owner INITIAL _____

SCF policy at this time is to provide use of the shipping tank for 7 days at a charge of \$125.00. On the eighth day, a daily rental will be charged of \$25.00 until the shipping tank is returned, or until the replacement cost is reached. There is a \$150 restocking fee if shipment is canceled due to any reason, once semen has been packaged and bill has been paid. Semen retrieval rate is 150 for the first 4 vials, and 8.00 per vial over 4. ANY procedure requiring additional tech time, such as tank to tank transfers of semen in office, drop off deliveries of semen, additional paperwork, etc, will be billed at additional rates. You will be provided with an invoice/estimate prior to charging for transfer services for approval prior to charging. Prices are subject to change without notice. Your approval of your invoice serves as agreement of fees.

Signature of semen owner _____ Date _____

Printed name of semen owner _____ Phone _____

Address _____

Street

City

State

Zip

Email address: _____

Please complete and return this form to Sirius Canine Fertility P.O. Box 741, Cedar Ridge, CA 95924 Telephone: (530) 273-9123 •Fax: (530) 273-9128

E-mail: info@siriuscaninefertility.com www.siriuscaninefertility.com