

Sachse Veterinary Hospital

International Canine Semen Bank-Texas 4730 Ranch Road Sachse, Texas 75048

972.442.4441 . 972.442.7908(fax) . <u>sachsevet@yahoo.com</u>

CANINE SEMEN STORAGE CONTRACT

| Registered Name: | | | Call Name: | | | | | | | |
|---|---|----------------------|--------------------------|------------------------|---------------------|----------------------------------|-------------------|-----|--|--|
| AKC #: | | | | | Breed: | | | | | |
| I, for the loss of semen due to tank failure, fire responsible for insuring semen. The semen consemen, Sachse Veterinary Hospital (ICSB-TX) | e, flood, or any o owner(s) are resp | ther haz consible | zardous co for insuri | nditions. ng the se | Sachse men. If | veterinary Hos one and/or any | y conditions effe | NOT | | |
| Semen Owner's Signature | | Date | _/ | / | | , | • | | | |
| | | | | | | | | | | |
| Semen Owner's Printed Name | | - | | | | | | | | |
| Semen Co-Owner's Signature | | | _/ | / | | | | | | |
| Semen Co-Owner's Printed Name | | - | | | | | | | | |
| Beneficiary Information | | | | | | | | | | |
| Printed Name of Beneficiary | | | | | | | | | | |
| Address | | | City | | | State | Zip | | | |
| () Cell | () Home | | | | (|) | | | | |
| I am in agreement to the above- | | У | | De | estroy S | emen | | | | |
| Owner's Initials Co- | | | | | | | | | | |
| Payment (Please Circle) Visa | M/C Amx | Disc | Check | Cash | | | | | | |
| Credit Card No. | | Exp. Date | | | Name of Card Holder | | | | | |

Note: Account(s) must be current in order for frozen semen to be released for breeding