Arrowhead Canine Reproduction

2920 Dabney Bottom Rd
Cleveland TX 77328
936-525-9462

Repeat Semen Freeze Agreement

Date: _____

You confirm that the dog you are presenting is already registered with Arrowhead Canine and that the information on this form is complete and accurate. Any inaccuracies are your responsibility. You understand that this agreement includes all terms and conditions from previous signed agreements with Arrowhead Canine regarding this dog. This agreement does not change or replace any prior agreements. You authorize Arrowhead Canine to collect, freeze, and store semen from the dog listed below:

Registered Name: _____

_____

Call Name: _____

Registration Number: _____

Breed: _____

DNA Profile: _____ Microchip #: _____

Name of Semen Owner(s)_____

_____

_____

Note: Only the owners listed on the stud's registration certificate can own the semen without needing a Transfer of Ownership. If the stud is AKC-registered, list only the names of the owners you want for this semen collection; if you want to be the sole owner, list only yourself. The listed owners will be included in the collection report sent to the AKC. Arrowhead Canine Reproduction must have a copy of the registration certificate on file. The owner is responsible for submitting it to Arrowhead Canine Reproduction if it's not provided during collection.

Phone Number: _____

Email Address: _____

By signing below, you confirm that the information you provide is true and correct. You authorize Arrowhead Canine to perform services at your own risk and agree to all terms and conditions in this agreement. You permit Arrowhead Canine to charge the fees for services to the payment method you provide. Additional charges may apply later for extra services, and Arrowhead Canine may or may not notify you about these charges in advance. You acknowledge that Arrowhead Canine can provide an estimate of these charges, and you accept any fees charged without prior notification.

X_____
Signiture and Date of Semen Owner(s)

Signature of Cardholder: _____

Cardholder Name Print: _____

Credit Card Number: _____-_____-_____-_____

Exp Date: _____/_____ CCV#: _____ Zip Code: _____