Arrowhead Canine Reproduction

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

Repeat Semen Freeze Agreement

Date: _____

By executing this Repeat Semen Freeze Agreement, you confirm that the dog you are presenting is already registered with Arrowhead Canine, LLC, that you have executed the New Dog Semen Freeze Agreement, and that the information on this form is complete and accurate. Any inaccuracies are your responsibility. This agreement is subject to all terms and conditions from previous signed agreements between the dog owner and Arrowhead Canine, LLC regarding this dog, including but not limited to the New Dog Semen Freeze Agreement, and all such terms and conditions are incorporated herein by reference as is set forth in their entirety. This agreement does not change or replace any prior agreements. You authorize Arrowhead Canine, LLC 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, LLC must have a copy of the registration certificate on file. The owner is responsible for submitting it to Arrowhead Canine, LLC if it is 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, LLC to perform services at your own risk and agree to all terms and conditions in this agreement. You permit Arrowhead Canine, LLC to charge the fees for services to the payment method you provide. Additional charges may apply later for extra services, and Arrowhead Canine, LLC may or may not notify you about these charges in advance. You acknowledge that Arrowhead Canine, LLC can provide an estimate of these charges, and you accept any fees charged without prior notification.

If you initiate a chargeback, you understand that additional fees will apply. If Arrowhead Canine, LLC needs to prove your authorization for the payment method, you will incur extra fees for their response to your chargeback.

You agree to be responsible for any person who accesses your frozen semen or pays fees on your account. You will inform anyone you ask Arrowhead Canine, LLC to bill about any charges. If that person reverses any charge, you will reimburse Arrowhead Canine, LLC immediately. It is your responsibility to ensure all services charged to your account are paid. You authorize Arrowhead Canine, LLC to perform any additional services you request or that they recommend, with your verbal or written consent.

X_____
Signiture and Date of Semen Owner(s)

Signature of Cardholder: _____

Cardholder Name Print: _____

Credit Card Number: _____-_____-_____-_____

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