

Arrowhead Canine Reproduction

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

Canine Semen Evaluation Form

You hereby authorize Arrowhead Canine, LLC to collect and evaluate the semen of the following dog:

Registered Name: _____

Registration Number: _____ **Breed:** _____

Owner: _____

Phone: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

This is a legal agreement made between you (the “Client”) and Arrowhead Canine, LLC (the “Company”) subject to the Terms and Conditions contained herein (the “Agreement”). The Agreement is for Company to provide services only, not for selling any products. Client understands that Company is not a veterinary clinic and does not offer veterinary services. Company will collect, freeze, and store canine semen from Client’s dog, and Client authorizes Company to do this at Client’s own risk. The semen will be available for you to use or ship following standard procedures, in accordance with this Agreement.

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

Signature and Date of Semen Owner(s)

Signature of Cardholder: _____

Cardholder Name Print: _____

Credit Card Number: _____ - _____ - _____ - _____

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