



## Release of Liability

I, \_\_\_\_\_, hereby authorize the veterinarians at OvaFlo Genetics and their assistants to examine and/or perform procedures to include initial health assessment, laparoscopic artificial insemination, surgical embryo collection, surgical embryo transfer, and semen collection. These procedures include, but are not limited to, the administration and maintenance of anesthesia and the performance of surgery or any treatment deemed necessary by the attending veterinarian.

I acknowledge and understand that there are risks involved in handling animals and in their veterinary medical treatment. I further acknowledge that there is no guarantee as to the result of any procedure performed by OvaFlo Genetics.

I agree to hold OvaFlo Genetics, and all associates, harmless in the event of unforeseen incidents while my animal(s) is/are under the care of OvaFlo Genetics.

I understand and agree that OvaFlo Genetics does not accept or assume liability for accident, escape, injury or death of my animal(s) at any time.

I am the legal owner or the representative of the legal owner of the animals I present for laparoscopic or surgical procedures. I am over the age of 18 years.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_