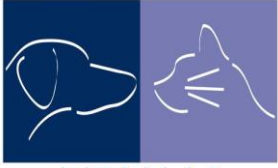


CLIFTWOOD



ANIMAL
HOSPITAL

TELEPHONE AUTHORIZATION

I authorize a Cliftwood Animal Hospital/Canine Reproductive Services representative to discuss my semen storage account with me, and/or agent (s) chosen by me, over the telephone. I understand Cliftwood Animal Hospital/Canine Reproductive Services may record this conversation if Cliftwood Animal Hospital/Canine Reproductive Services so chooses. For verification purposes, I and/or my agent(s) will be asked to give my password as noted below. I am aware that the authorized agent(s) I list will have full access to account information and frozen semen inventory.

This authorization will remain in effect until cancelled, in writing, by me.

Primary:

Name (print): _____

Address: _____

Telephone (Home) _____ Work: _____

Signature: _____ Date: _____

Representative 1:

Name (print): _____

Address: _____

Telephone (Home) _____ Work: _____

Signature: _____ Date: _____

Representative 2:

Name (print): _____

Address: _____

Telephone (Home) _____ Work: _____

Signature: _____ Date: _____

FOR SECURITY PURPOSES ONLY (Required Information)

My chosen password is: _____