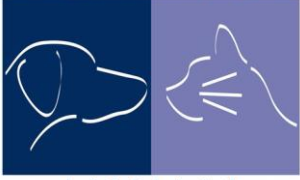


CLIFTWOOD



ANIMAL  
HOSPITAL

**AUTHORIZATION FOR SEMEN SERVICES**

Owner agrees to hold Cliftwood Animal Hospital/Canine Reproductive Services, its representatives, employees, agents and representatives harmless for any loss of semen collected under this agreement. Owner agrees to indemnify and hold harmless Cliftwood Animal Hospital/Canine Reproductive Services, its employees, agents and representatives against any and all claims, including third party claims for loss during transport of semen. Cliftwood Animal Hospital/Canine Reproductive Services agrees to indemnify Owner from any claim made by its employees or any other third parties involved with the process of semen freezing and storage.

Owner agrees to assume all risk of loss of semen collected and stored under the terms of this contract and agrees that the responsibility of insurance against the loss of semen stored by Cliftwood Animal Hospital/Canine Reproductive Services under this agreement is to be born solely by the Owner.

Owner agrees Cliftwood Animal Hospital/Canine Reproductive Services retains the right to customary post-thaw evaluation of at least one unit of semen from each collection processed by Cliftwood Animal Hospital/Canine Reproductive Services and that collection not fulfilling minimum quality standards as defined by Cliftwood Animal Hospital/Canine Reproductive Services will not be commercially available without an accompanying statement from Cliftwood Animal Hospital/Canine Reproductive Services revealing the findings of that evaluation and claiming that Cliftwood Animal Hospital/Canine Reproductive Services does not recommend semen from this collection to be used for artificial insemination. Cliftwood Animal Hospital/Canine Reproductive Services reserves the right to determine which collections are not worthy of freezing and/or storage.

Cliftwood Animal Hospital/Canine Reproductive Services makes no guarantee as to the fertilizing capacity of any semen processed or stored under this agreement.

Animal Breed \_\_\_\_\_

Registered Name \_\_\_\_\_ Reg.No. \_\_\_\_\_

I, \_\_\_\_\_ certify that I am the Owner ( ) Co-Owner ( ) Agent ( ) of the above identified animal and that I authorize the collection, freezing, and storage of this semen. I further authorize the following facility to perform the above procedures:

Cliftwood Animal Hospital/Canine Reproductive Services  
175 Cliftwood Drive NE ~ Atlanta, Georgia 30328  
P: 404-252-9200 ~ F: 404-252-0490

Owner name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number (\_\_\_\_) - \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_