

We are pleased that you have decided to have your stud dog's semen collected and frozen by the Stillwater Veterinary Clinic LTD, a Synbiotics affiliated semen freezing center.

Stillwater Veterinary Clinic LTD
2020 Curve Crest Boulevard
Stillwater MN 55082 Telephone 651-439-3200 Fax 651-439-2009
repro@stillwaterveterinaryclinic.com

The courtesy of a 24-hour notice would be appreciated for any appointment cancellations.

To make your time at our hospital the most productive, please bring the following completed forms with you to the appointment:

- Record of Semen Collection and Freezing (enclosed)
- Contract of Custom Collection and Freezing (enclosed) – please read and sign
- Telephone Authorization Form (enclosed)
- Copy of AKC Registration papers (or other registration body)
- Copy of latest Brucellosis Test result within last 6 months. Brucellosis testing may be performed the same day of freezing if necessary.
- Copy of DNA Profile certificate – DNA profile testing may be performed the same day of freezing if necessary.
- Full color photographs of your dog – front and side views

PLEASE BRING A “TEASER” BITCH WITH YOU IF AVAILABLE.

If you are unable to locate a female that is in season, we may be able to coordinate the availability of one for you.

If you have any questions or wish any further information, please call Dr. Rice at the Stillwater Veterinary Clinic, 651-439-3200. If he is unable to take your call, please leave a message with both a daytime and an evening telephone number where he may reach you.

Thank you for your interest in the Stillwater Veterinary Clinic LTD semen-freezing center.

**SEMEN COLLECTION LOCATION:
STILLWATER VETERINARY CLINIC LTD
2020 CURVE CREST BOULEVARD W
STILLWATER MN 55082**

SEMEN STORED AT:
STILLWATER VETERINARY CLINIC LTD
2020 CURVE CREST BOULEVARD W
STILLWATER MN 55082
651-439-3200 phone 651-439-2009 fax
repro@stillwaterveterinaryclinic.com
www.stillwaterveterinaryclinic.com

RECORD OF SEMEN COLLECTION	
STUD OWNER	
Name:	
Kennel Name:	Tel. No. ()
Street Address:	
City/State/Zip:	
STUD IDENTIFICATION	
Registered Name:	
Registration No.:	Date of Birth:
Breed:	Color:
Tattoo or Microchip:	DNA No.:
Sire Reg. Name:	
Sire Reg. No.:	
Dam Reg. Name:	
Dam Reg. No.:	

As owner or agent of the above mentioned stud dog, I hereby authorize representatives of Stillwater Veterinary Clinic LTD to collect, freeze, and store the semen from said stud dog pursuant to the terms specified in the Collection Contract.

Signature: _____ Date: _____

[illegible]

CONTRACT FOR CUSTOM COLLECTION AND FREEZING OF SEMEN

This is an agreement between Stillwater Veterinary Clinic LTD, a Minnesota Corporation; a Doctor of Veterinary Medicine ("Veterinarian"); and

Name: _____

Address: _____

Telephone: Day (_____) _____
Eve (_____) _____

Who is referred to as "OWNER" and is the owner of the stud Dog(s) listed on Appendix A.

1. The OWNER wishes to have semen collected and frozen from the Dog(s) listed. The purpose of this agreement is to set forth the terms and conditions applicable to this and other services performed by Stillwater Veterinary Clinic LTD.

2. OWNER'S Representations and Warranties:

(a) OWNER represents that OWNER is the sole OWNER of the Dog(s), or that OWNER is authorized by all others who may have an interest in each Dog to enter this agreement and to fulfill OWNER'S obligations as described.

(b) OWNER represents and warrants that the Dog(s) presented for collection is the Dog(s) described and named.

3. Authorizations to Stillwater Veterinary Clinic LTD:

OWNER authorizes Stillwater Veterinary Clinic LTD or its agents to do any or all of the following:

(a) Conduct a physical examination of the Dog(s) which may include taking blood, semen, and urine samples and performing any such tests which Stillwater Veterinary Clinic LTD deems appropriate.

(b) Conduct Antigen Mapping and/or DNA Fingerprinting of the Dog(s) which, among other things, may enable Stillwater Veterinary Clinic LTD to positively identify each Dog and each Dog's offspring.

(c) Collect semen from the Dog(s), examine the semen before and/or after freezing, and discard each Dog's semen if in the sole judgment of Veterinarian the semen cannot be successfully frozen.

(d) Establish the number of sperm cells required for one breeding and the acceptable breeding procedure, which items can be changed from time to time by Stillwater Veterinary Clinic LTD without prior notice.

(e) OWNER authorizes Stillwater Veterinary Clinic LTD or its agents to provide long term storage located at Stillwater Veterinary Clinic LTD. OWNER shall be notified by Stillwater Veterinary Clinic LTD if this location changes.

4. Undertakings by OWNER: OWNER hereby agrees that:

(a) OWNER will deliver Dog(s) for Semen Collection and Physical Examination at a time and place mutually agreeable to Stillwater Veterinary Clinic LTD and OWNER.

(b) OWNER will deliver satisfactory proof of Registration, two color photographs of each Dog (front and side views), and a description of any other identifying marks or tattoos to be listed on Appendix A.

(c) If the place for collection has boarding kennel service available, OWNER may elect, at OWNER'S expense, to board Dog(s) during the collection period. OWNER authorizes Stillwater Veterinary Clinic LTD to undertake, at OWNER'S expense, any emergency care which Veterinarian deems appropriate. In the event that any Dog dies or his value is reduced while in the care of Stillwater Veterinary Clinic LTD, Stillwater Veterinary Clinic LTD and Veterinarian's aggregate maximum liability shall be \$500.00 unless otherwise noted on Appendix A.

- (d) For ten days prior to the collection period and during the collection period, OWNER will not permit Dog(s) to conduct natural breedings, or to have semen collected.
- (e) OWNER will comply with the record keeping requirements of the American Kennel Club or any other registration body with which Dog(s) is registered. The AKC regulations are attached as Appendix B.
- (f) When OWNER contracts for a breeding using semen held by Stillwater Veterinary Clinic LTD, OWNER will give as much advance notice as possible to Stillwater Veterinary Clinic LTD in order to arrange shipping in the most economical fashion. Stillwater Veterinary Clinic LTD suggests at least two weeks notice for domestic breedings and longer for international shipments.
- (g) OWNER will negotiate directly with the bitch owner, and collect any breeding fee.
- (h) Semen collection, evaluation, freezing and storage charges must be paid in advance and in accordance with the fees then in effect. OWNER agrees that Stillwater Veterinary Clinic LTD shall not be under any obligation whatsoever to collect, store, use or release the semen if any fees remain unpaid. OWNER agrees that if any fees remain unpaid sixty days after billing, Stillwater Veterinary Clinic LTD may destroy the semen without incurring further liability.
- (i) In cases of semen transferred from semen freezing centers other than a Stillwater Veterinary Clinic LTD, OWNER will deliver satisfactory proof of Registration, two color photographs of each Dog (front and side views), and a description of any other identifying marks or tattoos to be listed in Appendix A.

5. Extent of Obligation & Limitation of Liability:

- (a) Stillwater Veterinary Clinic LTD makes no representation or warranty that a successful whelping will result from any breeding. Stillwater Veterinary Clinic LTD strongly suggests that OWNER use trained veterinarians to conduct inseminations with frozen semen to maximize the chances of a successful breeding.
- (b) Stillwater Veterinary Clinic LTD shall exercise reasonable care in collecting semen and examining the Stud and in training veterinarians to conduct inseminations. Aside from the obligation to exercise reasonable care, Stillwater Veterinary Clinic LTD shall not be responsible for acts of commission or omission by veterinarians who are not employees of Stillwater Veterinary Clinic LTD, and Stillwater Veterinary Clinic LTD expressly disclaims any such liability.
- (c) Stillwater Veterinary Clinic LTD shall not be responsible for loss or accidental thawing of semen which results from storage tank failure, from any act by non-employees of Stillwater Veterinary Clinic LTD who may be retained to transport semen, or from any acts by employees or agents of Stillwater Veterinary Clinic LTD unless such acts constitute gross negligence, or from any other cause beyond the reasonable control of Stillwater Veterinary Clinic LTD. If such event occurs, Stillwater Veterinary Clinic LTD's sole liability will be to return any prepaid fees.

6. General:

- (a) This agreement shall be governed by the laws of the State of Minnesota.
- (b) All notices or communications shall be deemed as duly given if they are in writing and delivered personally or by prepaid first class postage to the addresses above.
- (c) This agreement shall be binding upon and ensure to the benefit of the parties hereto and to their representatives, heirs, legal representatives, and successors.

In Witness whereof, the undersigned have executed this Agreement effective this date.
Stillwater Veterinary Clinic LTD Freezing Center Veterinarian:

OWNER:

WITNESS:

Signed: _____
Name: _____
Date: _____

Signed: _____
Name: _____
Date: _____

TELEPHONE AUTHORIZATION FORM

Stillwater Veterinary Clinic requires a signed Semen Release Form prior to any use or shipment of semen from the owner of the stud dog listed on the collection contract. In the event the owner does not have accessibility to the forms, Stillwater Veterinary Clinic can act as the "agent", if given verbal approval by telephone and the information below is completed and signed.

I authorize a Stillwater Veterinary Clinic representative to act as my agent, to release frozen semen from my stud dog to be used for the insemination of a bitch that I have approved verbally by telephone with Stillwater Veterinary Clinic. I also authorize Stillwater Veterinary Clinic to complete the necessary paperwork for the breeding.

Stillwater Veterinary Clinic will confirm each shipment verbally authorized by me, in the form of a signed Semen Release Form.

This authorization will remain in effect until cancelled, in writing, by me to Stillwater Veterinary Clinic.

Accept (please complete and sign below)

Name _____

Address _____

Telephone (Day) _____ (Evening) _____

TO BE USED FOR VERIFICATION PURPOSES : Mother's Maiden Name _____

Date _____

Signature _____