

Time Shifters Canine Semen Bank, LLC

at West Coast Veterinary Center

7910 SR 72

Sarasota FL 34241

Cell ph: 941-350-4397 fax: 941-925-2268

SEMEN FREEZING &/or PROCESSING AUTHORIZATION

I hereby authorize the collection and/or handling & processing of semen from the below listed dog.

REGISTERED

NAME _____ BREED _____

REG. # _____ BIRTH DATE _____ DNA PROFILE # _____

CALL NAME _____ MICRO-CHIP # _____

COLOR _____ MARKINGS _____

SIRE Reg.# & NAME _____

DAM Reg.# & NAME _____

Semen Owner/Recipient : _____ Home Phone: _____

Street: _____ Cell Phone: _____

City, State, Zip: _____ e-mail: _____

All Dog co-owners of record in agreement. Signed Electronic (email, text) NA

In the event of my Death or Incapacity, it is my wish that my frozen semen be Destroyed

Transfer on Death or Incapacity to _____

Address _____

City St Zip _____ phone _____

Transfer on Death to Carolyn Bolt -Time Shifters. May be used (but not limited to) for education & research.

Transfer on Death to AKC Purebred Preservation Bank (if qualifying)

TSCSB will exercise extreme care to prevent any injury to your semen or to your dog while in our care, both during and before and after collection and/or Processing. However, we accept no responsibility for any accident or injury not caused by our negligence. I declare that I am, we are the semen owner. semen recipient, authorized to use semen from the above identified stud dog.

Signature

Date