

Time Shifters Canine Semen Bank, LLC

at West Coast Veterinary Center

7910 SR 72

Sarasota, FL 34241

Ph 941-350-4397 Fax 941-925-2268

FROZEN SEMEN RELEASE & DRY SHIPPER TANK AGREEMENT

Please fill in the following, sign & return to us. We Must Have 7 days notice in order to expedite your shipment. <4 days add \$50. <2 days add \$100. Any shipment, which is cancelled after the semen retrieval process has begun, will incur a \$75.00 cancellation fee, which will be charged to the credit card listed below.

Stud Dog Registered Name _____ Reg # _____

Breed _____ DNA Profile # _____ Microchip _____

How many BU's (Breeding Units) to ship _____ Date Shipped _____

Release to: Veterinarian: _____

Clinic: _____

Phone: _____

Street: _____

email: _____

City, State, Zip: _____

Bitch Registered Name: _____ Reg #: _____

Bitch Owner: _____

Street: _____

Phone: _____

City, State & Zip: _____

email: _____

Transfer Ownership of Frozen Semen. (All Owners / Co-Owners of record of frozen semen must sign)

Transfer Storage Location Only

I authorize TSCSB to ship frozen semen from above identified stud to above named vet for above named bitch. I certify that I am the legal sole owner co-owner of the frozen semen of stud dog.

*Tank usage is for this shipment only and I agree to be completely responsible for the shipping tank and will have it returned to TSCSB promptly via Fed Ex, insured on the round trip for \$1500. If the tank is discharged of Nitrogen when received by TSCSB, I authorize the \$75.00 tank re-test charge. Further, should there be any loss or damage to the tank or case, regardless of where it occurred, I agree to be responsible for actual replacement cost and authorize these charges to the credit card number below.

*VISA/MC # of Responsible party (required): _____ Exp. _____

Name on card (if different than below) _____ Signature _____

Semen Owner: _____

Phone: _____

Street: _____

City, State & Zip: _____

email: _____

Signature: _____

Date _____