

Clinic Use Only
Center US-Tenn. _____

New Patient Application

Owner	Owner Name _____		
	Address _____		City _____
	State/Province _____	Zip _____	Country _____
	Phone _____	Cell _____	Email _____

LIST OTHER CO-OWNERS/AGENT ON REVERSE SIDE

Canine	Registered Name _____		Call Name _____	Sex _____
	Date of Birth _____	Reg. Number _____	Reg. Body (AKC, CKC, etc) _____	
	Breed _____	Reg. Date _____	Color _____	
	DNA # _____	Tattoo # _____	Microchip Brand/Number _____	
	Sire of Patient _____		Reg. Number _____	
	Dam of Patient _____		Reg. Number _____	

How did you become aware of CLONE Tennessee? Animal Wellness Center Kennel Club Veterinarian
 Advertisement K9 Cruiser Referred by _____ Other (Specify) _____

Stud Dog Owner's Authorization and Frozen Semen Agreement

I certify that I am the owner/co-owner/agent of the above stud of record and I authorize CLONE Tennessee and/or their agents to examine and perform a reproductive evaluation on this named stud, and to collect, freeze and store semen on this same stud at any time he is presented to CLONE Tennessee or their agents.

I certify that I am the owner/co-owner/agent of the above stud dog or the owner of frozen semen on the above stud dog of record and am aware that any results from treatment, insemination and the use and viability of frozen or cooled/chilled semen is not and cannot be guaranteed. I also understand and agree to all the rules and regulations of CLONE Tennessee and the governing kennel club this stud is registered with, regarding the use and record-keeping of the insemination programs, frozen and chilled semen programs and the registration of litters produced from these programs.

I also agree to pay all fees at the time of service and/or work performed and pay the annual storage fees within 30 days of receipt of the yearly storage bill or I will be subject to an additional interest fee of 1.5% per month. I am also aware that any bills not paid after one year of the due date will result in semen in storage becoming the property of CLONE Tennessee in lieu of monies owed. CLONE Tennessee also requires a minimum of seven days notice for insemination with frozen semen and seven days notice if you would like us to rent you a tank for shipping frozen semen or any transactions of frozen semen.

Stud Owner's Signature _____ Date _____

Bitch Owner's Authorization and Agreement

I certify that I am the owner/co-owner/agent of the above-named bitch of record. I authorize CLONE Tennessee and/or their agents to examine and perform a reproductive evaluation and procedures on this named bitch. I am aware that any results from the treatment and insemination are not and cannot be guaranteed. I also agree to pay all fees at the time of services and/or work performed.

Bitch Owner's Signature _____ Date _____

Additional Co-Owners/Agent

Co-Owners _____

Address _____ City _____

State/Province _____ Zip _____ Country _____

Phone _____

Sign _____ Date _____

Co-Owners _____

Address _____ City _____

State/Province _____ Zip _____ Country _____

Phone _____

Sign _____ Date _____

Co-Owners _____

Address _____ City _____

State/Province _____ Zip _____ Country _____

Phone _____

Sign _____ Date _____

Co-Owners _____

Address _____ City _____

State/Province _____ Zip _____ Country _____

Phone _____

Sign _____ Date _____

Agent _____

Address _____ City _____

State/Province _____ Zip _____ Country _____

Phone _____

Sign _____ Date _____