



259 JMZ Drive
Gordonsville, TN 38563
615.683.6600
FAX 615.683.6629
www.PAWStn.vet

Repro New Client/Patient Application

Owner

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

LIST OTHER CO-OWNERS/AGENT ON PAGE 3 

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 PAWS Tennessee? PAWS clinic Kennel Club Advertisement
 Veterinarian Referred by _____ Other _____

Photo Release: Occasionally, we use the images of clients' pets in promotional materials such as advertisements, brochures, our website and online social media. If you *do not wish* for us to use your pet's image, please check this box.

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 PAWS 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 PAWSTennessee or their agents. Initials _____

I certify that I am the owner/co-owner/agent of the above stud dog or the owner of record of the frozen semen on the above stud dog and am aware that any results from treatment, insemination and the use of and the viability of frozen or cooled/chilled semen is not and cannot be guaranteed. Initials _____

I also understand and agree to all the rules and regulations of PAWS 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. Initials _____

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 (18% APR.) and amount owed will be turned over to collections. **I am also aware that any bills (semen or services) not paid after one year of the due date will result in semen in storage becoming the property of Pet-Agrees Wellness Services/PAWS Tennessee in lieu of monies owed.** Initials _____

PAWSTennessee 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. Initials _____

Stud owner/representative signature _____ Date _____

Bitch Owner's Authorization for Insemination Agreement

I certify that I am the owner/co-owner/agent of the above-named bitch of record. I authorize PAWS Tennessee and/or their agents to examine and perform a reproductive evaluation and procedures on this named bitch. Initials _____

I am aware that any results from the treatment and insemination for the purposes of pregnancy are not and cannot be guaranteed. It is also not guaranteed that the bitch will complete the pregnancy to whelp. Initials _____

I also agree to pay all fees at the time of services and/or work performed. Initials _____

I also agree to pay a deposit of \$400.00 before any services are provided. Initials _____

Bitch Owner's Signature _____

Date _____

I certify that I have read and understand the information presented above, that all appropriate statements are initialized.

I certify that I have received a copy of all forms and instructions.

Owner's Signature _____

Date _____

Additional Co-Owners/Agent

Co-Owners _____
Address _____ City _____
State/Province _____ Zip _____ Country _____
Phone/Cell/Text _____
Sign _____ Date _____

Co-Owners _____
Address _____ City _____
State/Province _____ Zip _____ Country _____
Phone/Cell/Text _____
Sign _____ Date _____

Co-Owners _____
Address _____ City _____
State/Province _____ Zip _____ Country _____
Phone/Cell/Text _____
Sign _____ Date _____

Co-Owners _____
Address _____ City _____
State/Province _____ Zip _____ Country _____
Phone/Cell/Text _____
Sign _____ Date _____

Agent _____
Address _____ City _____
State/Province _____ Zip _____ Country _____
Phone/Cell/Text _____
Sign _____ Date _____