



SIRES ON ICE NSW PTY LIMITED
 3 Jones Road
 Calga NSW 2250
 P: 02 4375 1001
 ABN: 15146359186



Deed - Informed Consent To Treatment

I REPRESENT AND WARRANT THAT:

I AM THE OWNER/AUTHORISED REPRESENTATIVE* OF THE ANIMAL LISTED BELOW PRESENTED FOR ADMISSION TODAY AND I AM AUTHORISED TO GIVE ALL INSTRUCTIONS WITH RESPECT TO THE SERVICES TO BE PERFORMED.

DOG'S NAME: _____

DATE OF BIRTH AND AGE: _____

BREED: _____

MICROCHIP: _____

I AM PRESENTING THE ANIMAL FOR THE SERVICE MARKED BY ME BELOW:

BITCH PATIENT	YES/NO	SIGN	DOG PATIENT	YES/NO	SIGN
SURGICAL INSEMINATION - FZN / FRESH			SEMEN ASSESSMENT		
TRANSCERVICAL INSEMINATION			SEMEN COLLECTION FREEZE (SEE 9 BELOW)	YES	X
NATURAL/VAGINAL INSEMINATION			GENERAL CONSULTATION		
PROGESTERONES ONLY			OTHER: _____		
CAESARIAN			*IF MY BITCH IS 8 YEARS OF AGE OR OLDER, I UNDERSTAND THAT SIRES ON ICE (SOI) RECOMMEND A PRE-ANAESTHETIC BLOOD SCREEN PRIOR TO SURGERY. IF I REFUSE THAT SCREEN, I UNDERSTAND THAT THE VETERINARIAN MAY EXERCISE HIS DISCRETION TO REFUSE TO OPERATE AND NO SURGERY MAY BE PERFORMED.		
PREGNANCY CONFIRM - WITH BLOODS					
CONSULTATION - GENERAL / REPRO					
PRE-ANAESTHETIC BLOOD SCREEN*					
OTHER _____					

I CONFIRM (IF APPLICABLE) THAT THE BITCH LISTED ABOVE IS TO BE SERVED TO THE SIRE/SEMEN LISTED HERE:

SIRE NAME: _____

VIAL NUMBER: _____

I CONFIRM THAT I AM FAMILIAR WITH THE PROCEDURE NOMINATED ABOVE AND UNDERSTAND WHAT IT ENTAILS.

I AM AWARE THAT THIS BREEDING FACILITY DOES NOT PROVIDE 24 HOURS PER DAY MONITORING OF PATIENTS.

I RECOGNISE THAT THERE IS SOME DEGREE OF RISK ATTACHED TO ANY MEDICAL OR SURGICAL PROCEDURE OR TREATMENT. I AM AWARE THAT THERE ARE SOME BREED SPECIFIC PREDILCTIONS THAT MAY AFFECT THE RISKS ARISING FROM ANAESTHESIA OR SURGERY.

I ABSOLVE ROCKY RIDGE K9 CANINE BREEDING FACILITY & SOI NSW, THE VETERINARIANS AND STAFF AT THIS FACILITY, FROM ALL ACTIONS ARISING DIRECTLY OR INDIRECTLY FROM THE TREATMENT/ANAESTHESIA OR SURGERY OR MANAGEMENT OF ANY ANIMAL OR SEMEN IN MY NAME, WHETHER BY NEGLIGENCE OR OTHERWISE, AND AUTHORISE THE STAFF TO PERFORM ANY REASONABLE TREATMENT/ANAESTHESIA OR SURGERY, OR TO REFRAIN FROM DOING ANY REASONABLE ACTION, THAT THEY DEEM NECESSARY DURING THE COURSE OF MANAGEMENT OF THAT ANIMAL OR SEMEN.

I UNDERSTAND THAT ALL FEES ARE PAYABLE IN FULL AND THAT I AM BOUND BY THIS AGREEMENT. I ACKNOWLEDGE AND AGREE THAT REPRODUCTIVE SERVICES ARE AFFECTED BY NATURE AND MAY NOT RESULT IN USEABLE SEMEN OR PUPS BEING CONCEIVED. **NONETHELESS, I AGREE TO PAY ALL OUTSTANDING FEES BEFORE ANY SEMEN HELD IN MY NAME BY SOI IS RELEASED OR BEFORE ANY ANIMAL PRESENTED BY ME IS DISCHARGED.**

AUTHORISED REPRESENTATIVE* ONLY – I ACKNOWLEDGE THAT ALL RIGHTS IN SEMEN PRODUCED OR STORED, OR PUPS CONCEIVED, UNDER THIS DEED, BELONG TO THE ANIMAL'S OWNER UNLESS OTHER EVIDENCE OF OWNERSHIP HAS BEEN PROVIDED TO SOI

Signature _____

SEMEN STORAGE, TRANSFER AND DISPOSAL – OWNER. I RECOGNISE THAT ALL SEMEN STORAGE FEES ARE PAYABLE 6 MONTHLY IN ADVANCE FROM THE DATE ONE YEAR AFTER SEMEN HAS BEEN COLLECTED BY SOI. IF SEMEN STORED WITH SOI HAS NOT BEEN COLLECTED BY COI, THOSE STORAGE FEES ARE PAYABLE 6 MONTHLY IN ADVANCE FROM THE TIME THE SEMEN COMES INTO STORAGE. **THOSE STORAGE FEES ARE PAYABLE ON 1ST JANUARY AND 1ST JULY EACH YEAR.** I RECOGNISE THAT SOI MAY REFUSE TO PERFORM ANY SERVICES OF ANY NATURE WHERE SEMEN STORAGE FEES OR OTHER AMOUNTS OWED BY ME ARE OUTSTANDING. I ACKNOWLEDGE SEMEN STORED BY SOI IS STORED UNDER THE STORAGE LIENS ACT 1935 (NSW) (THE *SLA ACT*). I GRANT SOI A LIEN IN RESPECT OF ALL THAT SEMEN AND I ACKNOWLEDGE HAVING RECEIVED NOTICE OF LIEN BENEFITTING SOI FOR ALL SEMEN STORED ON MY BEHALF. **IF STORAGE FEES FOR SEMEN ARE NOT PAID WITHIN 3 MONTHS OF BECOMING DUE, SOI WILL ENDEAVOUR TO CONTACT ME TO SEEK PAYMENT OF MONEYS OWING, AND WILL GIVE WRITTEN NOTICE BY EMAIL DETAILING THE SEMEN, WHERE IT IS STORED, THE MONEYS OWED, AND ANY OTHER PARTICULARS REQUIRED UNDER THE SLA ACT.** IF I DO NOT PAY STORAGE FEES WITHIN 1 MONTH OF RECEIVING NOTICE FROM SOI REQUIRING PAYMENT, AND IF ANY FEES OWING UNDER THAT NOTICE ARE AT LEAST 6 MONTHS OVERDUE, I AGREE THAT SOI MAY TAKE POSSESSION OF ANY OR ALL SEMEN STORED IN MY NAME, AND I AUTHORISE SOI TO ADVERTISE IT FOR PUBLIC AUCTION BY NOTICE OF SALE PUBLISHED IN A NEWSPAPER CIRCULATING IN THE LOCALITY WHERE THE SALE IS TO BE HELD (WHETHER PUBLISHED IN PRINT OR ON A PUBLICLY ACCESSIBLE WEBSITE), AND IN ONE METROPOLITAN DAILY NEWSPAPER (WHETHER PUBLISHED IN PRINT OR ON A PUBLICLY ACCESSIBLE WEBSITE), PROVIDED THAT SALE IS NO SOONER THAN 15 DAYS AFTER THE NOTICES OF SALE ARE PUBLISHED (S6 OF THE SLA ACT). I AUTHORISE SOI TO EXECUTE ANY DOCUMENTS NECESSARY TO TRANSFER OR OTHERWISE DISPOSE OF OR DESTROY THAT SEMEN WITHOUT FURTHER NOTICE TO ME. MY EMAIL ADDRESS FOR ALL ACCOUNTS AND NOTICES IS:

SEMEN STORAGE, TRANSFER AND DISPOSAL – AUTHORISED REPRESENTATIVE. I ACKNOWLEDGE AND AGREE TO CLAUSE 10 OF THIS DEED BINDING ME AS THOUGH I AM OWNER. IN ADDITION, I WARRANT THAT THE FOLLOWING DETAILS ARE CORRECT FOR THE OWNER THAT SOI NEEDS TO CONTACT, AND THAT THE OWNER HAS AGREED TO CLAUSE 10 ABOVE:

<u>OWNER NAME</u>	
<u>OWNER PHYSICAL ADDRESS</u>	
<u>OWNER EMAIL ADDRESS</u>	
<u>OWNER CONTACT PHONE NUMBERS</u>	

I RECOGNISE AND AGREE THAT SOI IS ENTITLED TO USE THE INFORMATION I PROVIDE IN THIS DEED UNLESS AND UNTIL I PROVIDE UPDATED CONTACT INFORMATION. I WAIVE ANY CLAIM AGAINST THEM FOR THAT REASON.

IF I WISH TO TRANSFER SEMEN STORED UNDER THIS AGREEMENT, I WILL CONTACT SOI AND ENTER INTO A SEPARATE AGREEMENT FOR THAT PURPOSE.

I RELEASE AND HOLD HARMLESS SOI AND ANY OF ITS AGENTS OR AFFILIATES FROM ANY CLAIM BROUGHT AGAINST ANY OF THEM ARISING OUT OF ANY BREACH OF THIS DEED BY ME OR OUT OF THE USE OF ANY SEMEN COLLECTED, STORED OR USED UNDER THIS DEED. I INDEMNIFY EACH OF THEM WITH RESPECT TO ANY CLAIMS MADE AGAINST ANY OF THEM IN THAT REGARD.

IF I WISH SOI TO DESTROY SEMEN, BEFORE THEY DO SO, I WILL PAY ALL OUTSTANDING FEES AND PROVIDE WRITTEN NOTICE SPECIFYING WHAT TO DESTROY.

SPECIAL INSTRUCTIONS (MEDS/VACCS/FOOD/ALLERGIES ETC):

EXECUTED AS A DEED AT CALGA

SIGNED BY:

ESTIMATE OF COST: \$ 600 PAID: YES / NO