



VIRGINIA-MARYLAND COLLEGE  
OF VETERINARY MEDICINE

**Veterinary Teaching Hospital**  
Theriogenology Services Laboratory  
245 Duck Pond Drive,  
Blacksburg, VA 24061  
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## Frozen Semen Storage Waiver

Owner requests the Theriogenology Services Laboratory at the Virginia-Maryland Regional College of Veterinary Medicine collect and/or store semen of the animal listed below.

Owner agrees to assume all risk of loss of semen collected, stored, and shipped under the terms of this contract and agrees that the responsibility for insurance against loss of semen stored or shipped by the Theriogenology Services Laboratory under this agreement is to be born solely by the Owner.

The Theriogenology Services Laboratory will evaluate the semen prior to freezing or storing, and the Theriogenology Services Laboratory reserves the right to determine which collections are not worthy of freezing and/or storage. Owner agrees the Theriogenology Services Laboratory retains the right to customary post-thaw evaluation of at least one pellet of semen from each collection stored by the Theriogenology Services Laboratory and that collections not fulfilling minimum quality standards as defined by the Theriogenology Services Laboratory will not be distributed to any third party without an accompanying statement from Theriogenology Services Laboratory revealing the findings of that evaluation. Any semen that is transferred into the

Theriogenology Services Laboratory that has not had routine infectious disease testing (ie. *Brucella spp*) will be placed in a separate tank with other semen that has not been tested. The owner is responsible for any loss of semen to infectious disease transmission.

The Theriogenology Services Laboratory makes no guarantee as to the fertilizing capacity of any semen processed or stored under this agreement. Owner agrees to indemnify and hold the Theriogenology Services Laboratory, Virginia-Maryland Regional College of Veterinary Medicine, Virginia Tech, the Commonwealth of Virginia, and their employees, agents and representatives harmless for any loss of semen collected, stored or transported under this or any related agreement.

Accounts must be current before semen will be processed and/or evaluated. Semen storage is billed yearly in advance and due January 25th of each year. Accounts over sixty days past due may be sent for collection action. Individuals who do not pay all fees and charges owed are responsible, in the event of their default or the return of a check for payment of said fees and charges, to pay a penalty fee, to pay interest at the highest rate allowed by law, and for all reasonable administrative costs, collections costs, and attorneys' fees incurred in the collection of funds due Virginia Tech. Semen will be destroyed 120 days after an account



becomes delinquent. It is the responsibility of the owner to notify our office of any change in contact information.

Shipping of semen will not occur until 48-72h after appropriate paperwork has been completed and supplied to the Theriogenology Services Laboratory. Shipping will only occur to established semen storage facilities or veterinary hospitals. Shipping only occurs Monday through Wednesday to allow for proper charging of a shipper and arrival prior to the weekend.

I CERTIFY that I am the  legal owner /  co-owner (check the corresponding box) of frozen semen stored at the Theriogenology Services Laboratory from

\_\_\_\_\_,  
(Breed) \_\_\_\_\_ AND  
(Registration Number) \_\_\_\_\_ (Registered Name) \_\_\_\_\_

Transfer upon death: I hereby give the Theriogenology Services Laboratory permission to do one of the following with the above stated semen in the event of my death:

- Destroy
- Transfer ownership immediately to:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

New Owner Email: \_\_\_\_\_

I AUTHORIZE the following facility to perform the above procedures:

Theriogenology Services Laboratory  
Virginia-Maryland College of Veterinary Medicine  
Virginia Tech, Blacksburg, VA 24061

Owner Name:

\_\_\_\_\_

Owner Address:

\_\_\_\_\_

Owner Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

\_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

