



Homestead Veterinary Hospital • 1720 Old Reedy Creek RD • Cary NC
27513 • 919-535-9955 • infinityk9@gmail.com

AUTHORIZED USER AGREEMENT

I _____ as account holder with Infinity Canine, LLC give the below listed person authorization and permission to have access to the file of the below stated dog.

I understand that by signing this form, the person listed can call and request information pertaining to the dog as well as request shipment or use of the stored frozen semen at Infinity Canine, LLC without my knowledge. Any fees associated with the below listed authorized user will be the responsibility of said person.

As account holder for the below stated dog, I understand that I am responsible for all storage fees incurred on this account. I understand that I will be billed annually and that the authorized person will not receive a copy of the annual storage bill.

Any arrangements or contracts between the two listed parties will be with them, and not with Infinity Canine, LLC. It is the account holder's responsibility to make sure the account with Infinity Canine, LLC is paid and in good standing regarding monies owed.

DOGS REGISTERED NAME

DOGS REGISTRATION NUMBER

ACCOUNT HOLDERS NAME PRINTED

SIGNATURE

DATE

AUTHORIZED USER –

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

AUTHORIZED USER SIGNATURE

DATE