



## TELEPHONE AUTHORIZATION

I authorize a Centre Court Veterinary Clinic/Canine Reproductive Services representative to discuss my semen storage account with me, and/or agent (s) chosen by me, over the telephone. I understand Centre Court Veterinary Clinic/Canine Reproductive Services may record this conversation if Centre Court Veterinary Clinic/Canine Reproductive Services so chooses. For verification purposes, I and/or my agent (s) will be asked to give my password as noted below. I am aware that the authorized agent (s) I list will have full access to account information and frozen semen inventory.

**This authorization will remain in effect until cancelled, in writing, by me.**

**Primary:**

Name (print): \_\_\_\_\_

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

Telephone (Home) \_\_\_\_\_ Work: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Representative 1:**

Name (print): \_\_\_\_\_

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

Telephone (Home) \_\_\_\_\_ Work: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Representative 2:**

Name (print): \_\_\_\_\_

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

Telephone (Home) \_\_\_\_\_ Work: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SECURITY PURPOSES ONLY (Required Information)**

**My chosen password is:** \_\_\_\_\_