



Box 240, Rosemary, Alberta T0J 2W0
Phone 1-587-887-1934 Fax 587-317-7392
E-mail: office@bowvalleygenetics.com

Owners Use Semen Collection Package

Please fill out one set of forms for each individual bull you plan on collecting and return as soon as possible to the address below. Please read the entire package and the page with important information related to owners use semen and multiple owners. Incomplete information on the forms may result in a delay in collecting your bull, or the inability to collect semen for all partners.

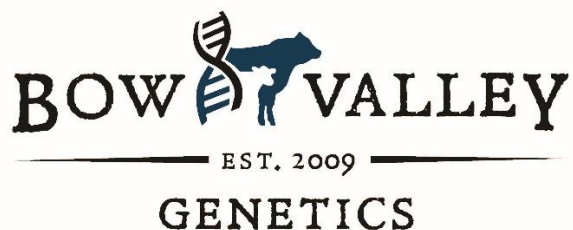
Information Related to Owners Use Semen (OWS)

*****Important Please read*****

1. We are only able to produce OWS under the rules provided by CFIA. We are inspected by CFIA and they do come to audit our collection and shipping records each year. If we are found to be not following CFIA rules they can pull our license to collect OWS semen.
2. OWS semen is intended to be used only within the owner's herd and is not intended to be sold or distributed.
3. No health tests are required.
4. The attached package of information must be completed and returned to the office at least 2 days prior to the collection of the semen
5. You must include a copy of the registration with the individual's requiring semen listed as owners or a proper Bill of Sale stating the ownership by the individuals. Only those people listed will be able to obtain semen.
6. Each individual owner will have the requested number of straws allocated to them as per the attached form.
**Please decide on the target number of semen straws that are collected. If the bull produces enough semen to freeze additional straws, please indicate the maximum number of straws that the owner would take. This maximum amount will be frozen in the event that BVGL is unable to contact the owner. **
7. We are only able to ship to the owner's name identified on the straws.

Office Administrator
Email: office@bowvalleygenetics.com
Phone: 587-887-1934
Fax: 587-317-7392

Please call or email if you have any questions.



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Owners Use Collection Billing

Bull Name: _____

Tattoo: _____ Registration: _____ Breed: _____

Primary Contact Info: Bill 100% to primary contact Split as indicated below
 Name: _____ % of Bill: _____ # of Straws: _____

Phone: _____ Email: _____ **TARGET #**
 Address: _____ **MAX #**

Additional Owner(s) & Billing Info – please indicate percentage to be billed to all parties (i.e. 50%, 33%, etc.)

2 Name: _____ % of Bill: _____ # of Straws: _____
 Phone: _____ Email: _____
 Address: _____

3 Name: _____ % of Bill: _____ # of Straws: _____
 Phone: _____ Email: _____
 Address: _____

4 Name: _____ % of Bill: _____ # of Straws: _____
 Phone: _____ Email: _____
 Address: _____

5 Name: _____ % of Bill: _____ # of Straws: _____
 Phone: _____ Email: _____
 Address: _____

Total # of Straws: _____

The information provided above is accurate to the best of my knowledge and I do not hold Bow Valley Genetics Ltd responsible for any inaccuracies or misrepresentations. In the case of multiple owners, I acknowledge the information provided above represents the correct splits of ownership and billing.

Signature: _____ Date: _____

Print Name: _____

Multiple Owner Information

only to be completed if there is more than one owner

Bull Name: _____

Tattoo: _____

Registration: _____

Breed: _____

In the case of multiple owners, please provide proof of ownership prior to collection by attaching either (1) a bill of sale or sale contract showing all individuals as owners who will be obtaining semen or (2) the bulls' registration, indicating the multiple owners.

Semen will not be collected and/or released to individual members until:

- 1) The individual signs an OWS Conditions form (see attached)
- 2) Proof of ownership is provided

Please indicate each of the individual owners below for the above-mentioned bull:

1. Name: _____

Phone: _____

Email: _____

2. Name: _____

Phone: _____

Email: _____

3. Name: _____

Phone: _____

Email: _____

4. Name: _____

Phone: _____

Email: _____

5. Name: _____

Phone: _____

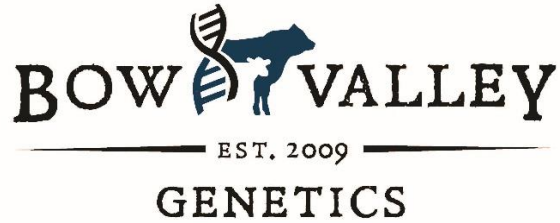
Email: _____

I certify the information provided above is accurate to the best of my knowledge and I do not hold Bow Valley Genetics Ltd responsible for any inaccuracies or misrepresentations.

Signature: _____ Date: _____

Print Name: _____





WAIVER AND FURTHER TERMS:

1. I acknowledge and agree to the above prices and accept them for the products and services to be provided.
2. I understand and agree that my account for services is due immediately upon the delivery of said product or service.
3. I understand that results can vary, no particular outcome is guaranteed, and my account is due regardless of the results obtained from the products or services provided.
4. In consideration of Bow Valley Genetics Ltd. (the "Provider") providing any of the foregoing products or services ("Services"), I hereby waive all claims that I have, or may have in the future, against the Provider, its directors, employees, agents, volunteers, and independent contractors (collectively referred to as "Releasees"), as a result of the Services, due to any cause, including but not limited to:
 - a. any injury to the Animal, any damage to the Animal, or any disease of the Animal, any act or omission, negligence, breach of contract, of any other duty of care. I further agree to hold harmless and indemnify the Provider and Releasees from any, and all liability for any damage to the property of, or personal injury to any third party;
 - b. any injury or damage to, or destruction, of embryo(s), semen, donor(s), recipient(s), or offspring.
5. Bow Valley Genetics Ltd. will not be responsible for insuring the Animal, the donor(s), the recipient(s), the embryo(s), the semen or offspring; but I may at my own cost insure same.
6. I acknowledge receipt of a copy of this document and understand that my account is due immediately upon delivery of said product of service regardless of the production results from the products or services provided.

Initials of Client: _____

I hereby acknowledge that I am the lawful owner of the Animals and/or I am fully authorised to make breeding or other decisions regarding the Animal. I hereby accept all responsibility for such decisions or any errors or omissions in communicating such information to the Provider, and I agree to indemnify and hold harmless the Provider for any loss or damage resulting from any misstatement on my part.

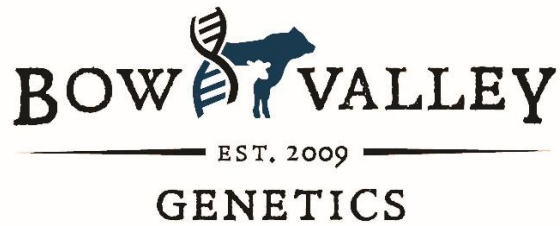
I acknowledge that I will be responsible for any legal fees that may be incurred by Bow Valley Genetics Ltd in the event of a shared ownership dispute.

Initials of Client: _____

Dated _____

Client name

Client signature



**Conditions of use of bovine semen labelled “Owner Use Only”
As per Module 15.4.3 of the Artificial Insemination program
(Information Document)**

All bovine semen collected under the Owner Use Only Bovine Semen module 15.4.3 of the Canadian Food Inspection Agency (CFIA) Artificial Insemination program is subject to restrictions concerning its use.

These restrictions are as follows:

- Semen labelled “Owner Use Only” must only be used by the owner identified on the straws in his own herd.
- Semen labelled “Owner Use Only” is restricted for use and cannot be traded, given away, sold or disposed of by the owner, except by destruction.
- This semen is to be stored at the farm of the owner or in a CFIA approved storage centre dedicated to that purpose.
- Semen labelled “Owner Use Only” must never leave the farm premises or approved storage centre, except for transfer between those premises.
- When the herd is sold or dispersed semen labelled “Owner Use Only” may be kept on the farm premises for future use by the owner or destroyed.
- When the herd changes ownership and remains on the same premise’s semen labelled “Owner Use Only” can be used by the new owner of herd on these premises only.

As owner of the donor bull described below, I receive today semen straws labelled “Owner Use Only” collected from the following bull and identified to my name as prescribed by the Module 15.4.3 of the CFIA Artificial Insemination program:

Bull Name & Tattoo:

Date of Collection:

Collector’s Permit Number: 8-OWS-24 Bow Valley Genetics Ltd.

Owner Identified on Straws:

Address:

(Note: above information is completed by the permit holder.)

I have read this document restricting the use of this semen.

Name:

Signature:

Date:
