

# Warner Center Pet Clinic

## C.L.O.N.E. West

20930 Victory Blvd  
Woodland Hills, Ca 91367  
818-710-8528 Fax 818-710-9312

### Insurance Application

If you would like to purchase insurance for storage of your frozen semen, please fill out the following information and include payment for the appropriate amount. The cost is 1.3% of insured value for currently stored and anticipated collections for the calendar year. The minimum is \$1,000 total value (\$13/year) billed Jan 1st. The maximum is \$5,000 per straw.

Please note that this insurance does not cover damage due to earthquakes or natural disasters. Additionally, this insurance only covers storage of semen at our facility and does not include shipment or transfer (except between our facilities). For further questions, please refer to the semen storage contract. We require a separate worksheet for each dog. Please visit [www.CloneWest.com](http://www.CloneWest.com) for further information.

Owner's name \_\_\_\_\_

K \_\_\_\_\_ Sire's registered name \_\_\_\_\_

Registration number \_\_\_\_\_ Value per Straw \$ \_\_\_\_\_

Desired value for all semen stored \$ \_\_\_\_\_ x .013 (1.3%) = \$ \_\_\_\_\_

For example:

Maximum value	Cost per year
\$1,000	\$13.00
\$2,500	\$32.50
\$5,000	\$65.00
\$10,000	\$130.00

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Please make check payable to **Warner Center Pet Clinic** or provide CC info below.

Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV # \_\_\_\_\_

Amt authorized to charge \$ \_\_\_\_\_ Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

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For Office Use:

Date Invoiced: \_\_\_\_\_ Paid: \_\_\_\_\_ By: \_\_\_\_\_