



Telephone Authorization

I authorize a Synbiotics Corporation representative to discuss my semen storage account with me, and/or agents(s) chosen by me, over the telephone. I understand that Synbiotics may record this conversation if Synbiotics so chooses. For verification purposes, I and/or my agent(s) will be asked to give the last four digits of my social security number and your mothers maiden name. I am aware that the authorized agent(s) listed below will have full access to account information and frozen semen inventory.

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

Primary	
Full Name (Print):	
Address:	
Home Phone:	Work Phone:
Signature:	Date:
Representative 1	
Full Name (Print):	
Address:	
Home Phone	Work Phone:
Signature:	Date:
Representative 2	
Full Name (Print):	
Address:	
Home Phone:	Work Phone:
Signature:	Date:
FOR SECURITY PURPOSES ONLY (Required Information)	
Mother's Maiden Name:	
Last Four Digits of your Security Number:	