



KANSAS ARTIFICIAL BREEDING SERVICE UNIT

Kansas State University

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kabsu@k-state.edu

CUSTOM COLLECTION AGREEMENT

OWNER Name: _____

Address: _____

Cell Phone: _____ **Home Phone:** _____

BULL Name: _____ **KABSU Code:** _____

Reg. Number: _____ **Breed:** _____ **Date of Birth:** _____

This agreement is between Kansas Artificial Breeding Service Unit (KABSU) and the OWNER listed above. It shall be for the purpose of contracting KABSU to house and feed the above listed BULL plus, collect, process, freeze, and store semen.

I. The listed OWNER represents and warrants that he/she is the sole owner, or authorized agent, to represent the BULL named above.

II. By signing this agreement the OWNER agrees to:

a. Pre-Entry Health Testing: *Please select 1 of the following options*

Authorize KABSU to test the BULL for the following list of health tests on arrival **OR**

Furnish upon arrival to KABSU, a Health Certificate signed by a licensed accredited veterinarian stating the BULL does not display any clinical signs of any infectious, contagious diseases and has been tested within the last **30 days** with negative results for the following tests:

- | | |
|-------------------------------------|-------------------------------|
| 1. Brucellosis BAPA or CF | 4. Trich PCR |
| 2. BVDV PCR | 5. TB (within 60 days) |
| 3. Leptospirosis (5 serovar) | |

b. Furnish KABSU with a copy of the BULL'S registration papers prior to or upon arrival.

i. Proper identification of the BULL for collection is the sole responsibility of the OWNER.

1. OWNER hereby indemnifies and holds KABSU harmless from any and all liability arising from improper identification of BULL by KABSU or OWNER.

2. Blood typing or DNA profiling of BULL for parentage verification is the OWNER'S responsibility. OWNER should contact appropriate breed associations.

c. Allow KABSU the right to feed their formulated ration of grain, vitamins, minerals, and hay as they see fit to keep the BULL at peak performance.

i. If OWNER wishes for the BULL to be fed a specific ration, OWNER must provide this for KABSU to feed.

d. Assume full responsibility in the event of illness, accident or death while the BULL is on the KABSU premises. KABSU ASSUMES NO LIABILITY.

i. This agreement authorizes the use of Veterinary Medical Services during illness, accident, or emergency at OWNER'S expense. Any insurance placed on the BULL is the OWNER'S responsibility.

e. Allow KABSU the right to cancel and/or make changes to this agreement after 60 days' notice.

f. Assume all charges that are incurred.

OWNER Signature: _____ **KABSU Signature:** _____

Print Name: _____ **Print Name:** _____

Date: _____ **Date:** _____