



Horse Owner Release Form

Kryo Kinetics USA LLC
2741 S. Wenas Road, Selah, WA 98942
Office: (509) 697-7633 * Fax (509) 697-4518
KryoKineticsUSA.com * Freezemarkid@fairpoint.net



Date: _____

Legal Owner of Horse(s) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Fax Number: (____) _____

Email Address: _____

I request the following animals be Freeze Marked:

| Name of Horse | Breed | Registry Number | State Number | Side of Neck |
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I agree to pay the stated fee of \$135.00 per horse, plus agreed mileage fee, for freeze marking the above horse(s). I hereby release Kryo Kinetics USA LLC and its past, present and future officers, directors, agents, employees and technicians from any and all claims for injury or damage arising directly or indirectly as the result of application of the freeze mark, the technician or anyone who may be handling the animal. This form is the proof of freeze marking for 60 days from the above date.

Owner or Authorized Agent of Legal Owner

Certified Technician