

**Brittmoore Animal Hospital**  
1236 Brittmoore Road  
Houston, Texas 77043  
713-468-8253  
fax 713-468-8995

**CHILLED SEMEN SHIPMENT INFORMATION**

**DATE TO BE SHIPPED:** \_\_\_\_\_

**OWNERS NAME (STUD):** \_\_\_\_\_

**STUD'S REGISTERED NAME:** \_\_\_\_\_ **Breed** \_\_\_\_\_

**REGISTRY & NUMBER #** \_\_\_\_\_

- **call name:** \_\_\_\_\_

**OWNERS NAME (BITCH):** \_\_\_\_\_

**BITCH'S REGISTERED NAME:** \_\_\_\_\_ **Breed** \_\_\_\_\_

**REGISTRY & NUMBER#** \_\_\_\_\_

-**call name:** \_\_\_\_\_

**SHIP TO: (WHERE)**

---

**HOSPITAL/CLINIC** \_\_\_\_\_

**DR. NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_ **PHONE: (\_\_\_\_\_)** \_\_\_\_\_

**SEND RECEIPT TO:**

---

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_ **PHONE: (\_\_\_\_\_)** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**\*\*\* All forms must be completed in full before the semen will be shipped. Shipping cost are usually paid by the bitch owner. The Semen owner is ultimately responsible for all charges if the Credit Card number used is declined.\*\*\***

CHILLED SEMEN CREDIT CARD AUTHORIZATION FORM

I, the undersigned, do authorize Brittmoore Animal Hospital to charge my credit card for the shipment and processing of a chilled semen shipment. (Visa, MasterCard and Discover only)

I understand that the charge of \$248.50 is for semen preparation and packaging, and will be charged to the below credit card by Brittmoore Animal Hospital.

I also authorize Brittmoore Animal Hospital to put my credit card number on the Federal Express air-bill to pay the charges to ship the package to it's destination. **(\*THERE WILL BE TWO SEPERATE CHARGES TO YOUR CARD, ONE FROM BRITTMOORE ANIMAL HOSPITAL AND ONE FROM FED EX.\*)**

By signing below I understand and agree to all the above.

Today's Date	_____
Credit Card Number	_____
Name on Credit Card	_____
Exp: Date	_____
Contact Phone Number	_____
Print Name	_____
Signature of cardholder	_____