

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** _____

Call name: _____

REGISTRY & NUMBER # _____

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, AmEx and Discover only)

I understand that the charge of \$350.00 is for semen preparation and packaging, and FedEx shipping will be charged to the below credit card by Brittmoore Animal Hospital.

The charge for Saturday delivery is \$400.00

(We cannot accept third party FedEx account numbers as payment for shipping)

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

Today's Date _____

Credit Card Number: _____
(Mastercard, Visa, AmEx or Discover ONLY)

Name on Credit Card _____

Exp: Date ____/____ CVV#_____ Zip Code: _____

Contact Phone Number _____

Print Name _____

Signature of cardholder
