

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:** (_____) _____

***** 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.

I understand that the charge of \$260.95 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	_____ (Mastercard, Visa or Discover ONLY)
Name on Credit Card	_____ (Cardholder's Name)
Exp: Date	_____
Contact Phone Number	_____
Print Name	_____
Signature of cardholder	_____