



Brittmoore Animal Hospital

1236 Brittmoore Rd.

Houston, TX 77043

Chilled Semen Shipment Form

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 dam owner. The stud owner is ultimately responsible for all charges if the Credit Card number used is declined. ***



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CHILLED SEMEN CREDIT CARD AUTHORIZATION FORM

**The amount of \$382.00 is for Chilled Semen Service which only includes
Collection, Preparation, and Packaging.**

FedEx Shipping Fee is Not Included

The FedEx shipping fee is determined by the destination zip code.
Shipments are sent as Priority Overnight.
Please call ahead for quotes.

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

By signing below, I am authorizing Brittmoore Animal Hospital to charge my credit card for chilled semen service and the FEDEX fees associated.

(Visa, MasterCard, AmEx and Discover only)

Today's Date _____

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

Name on Credit Card _____

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

Contact Phone Number _____

Signature of Cardholder _____



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Release of Liability

Chilled Semen

I, fully understand that Brittmoore Animal Hospital cannot be held responsible or liable for any delays in shipment due to time delays with Federal Express, any customs or government office, any airline if shipping other than Fed Ex or the services of any hired brokerage service or agent. All semen delivery dates are estimates which have been provided to Brittmoore Animal Hospital by these agencies.

Occasionally there are weather/flight delays, paperwork, processing delays or the requirement of additional paperwork for customs clearance releases. I have been advised that extended time delays (past 7 days) or errors on the part of the customs agents may cause semen damage or destruction. I understand these are beyond the control of Brittmoore Animal Hospital and not the financial responsibility of Brittmoore Animal Hospital. Brittmoore Animal Hospital agrees to promptly provide any necessary paperwork to the shipping company (i.e.: Fed Ex) or a customs office in the event it is needed or required to expedite the clearance release and delivery.

**In the event involving weather, flight delays, or poor semen motility
due to delays mentioned above
refunds will not be issued for services rendered
and shipping fees.**

I agree to hold Brittmoore Animal Hospital and employees of Brittmoore Animal Hospital **harmless** in the event that these delays occur. I am releasing Brittmoore Animal Hospital of any liability due to these circumstances.

By my signature below, I am declaring I have read and agree with the above

Print Name: _____

Signature: _____

Date: _____