

Brittmoore Animal Hospital 1236 Brittmoore Rd. Houston, TX 77043 713-468-8253 Fax 713-468-8995 repro.bah@gmail.com

FROZEN SEMEN SHIPMENT INFORMATION

** We do not ship our tanks to residential addresses **

*** All forms must be completed in full before the semen will be released***

Shipping fees are usually paid by the dam owner.

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

Please check one of the following

☐ I have confirmed that my veterinaria convenience.	an has storage facil	lities for frozen semen. Ship at your	
☐ My veterinarian does not store seme	en, but the bitch is	in heat. Please ship on this date:	
☐ This form is for future breeding arrang	gements. Please st	ore semen until I notify you.	
TODAYS DATE:			
ESTIMATED DATE OF BREEDING:			
OWNERS NAME (STUD):			
STUD'S REGISTERED NAME:		Breed	
REGISTRY & NUMBER #			
Call name:			
OWNERS NAME (BITCH):			
BITCH'S REGISTERED NAME:		Breed	
REGISTRY & NUMBER#			
Call name:			
SHIPPING TO:			
Hospital/Clinic:			
Dr. Name:			
ADDRESS:			
CITY:STATE:			
ZIP CODE:PHONE: ()		
SEND RECEIPT TO:			
Name:			
Address:			
City:	State:	Zip Code:	_
Phone:	Email Add	ress:	



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FROZEN SEMEN CREDIT CARD AUTHORIZATION FORM

I understand that the charge of \$479.00 is for the frozen semen shipment service which includes the preparation, packaging, and the initial 7 days of tank rental only.

I have provided the following completed forms

- Semen Disposition (signed and sent by the owner of the semen)
- Frozen Semen Shipment Form

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 numbers as payment for shipping)

In the case of international shipments and those going to Hawaii, you will need to go through a third-party shipper.

I agree to pay \$37.00 for every day the tank is not returned after the 7th business day. In the event the tank is not returned within 30 days or if it is returned damaged, I understand that my credit card will be charged a \$1100.00 replacement fee.

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

Today's Date:		
	ercard, Visa, A	mEx, or Discovery)
Exp: Date:/	CVV:	Zip Code:
Contact Phone Number:		
Print Name:		



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Semen Release of Liability Frozen 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.

This shipment will be insured by Brittmoore Animal Hospital to cover **ONLY** the shipping tank replacement in the event of damage/loss during shipping.

Additional insurance will be the sole responsibility of the semen owner to cover the value of the semen.

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

Signature:	
Printed Name:	
Date:	