

CHILLED SEMEN CREDIT CARD AUTHORIZATION FORM

Stud Dog's Owner _____

Name of Stud Dog _____

Type of AI (very important): Transcervical _____ Surgical _____ Vaginal _____

Ship to this address:

Hospital _____ Phone number _____

Street Address _____

City, State & Zip _____

I, the undersigned, do authorize Rose City Veterinary Hospital or C.L.O.N.E. West to charge my credit card for the collection and processing of chilled semen.

I understand that there is a charge of \$245.00 for the collection, preparation and packaging of the semen. The price includes shipping the semen via Federal Express within the USA- (priority overnight).

(Saturday delivery is an additional \$20.00 – First Overnight is an additional \$50.00)

Value of Semen for Shipping Insurance \$ _____ (\$500 insurance included)
(\$2.50 per \$100 increment over \$500.00)

Fill out this section entirely or a \$5.00 service charge will apply.

Cardholders Name: _____

Telephone Number: _____ FAX: _____

Circle one: Visa MC AMEX DISC CareCredit

CC# _____ CVV# _____

Expiration Date: _____ Telephone #(____) _____

(*Required) # Address on CC Bill: _____ Billing Zip Code: _____
(For Example if the Bill for the card is sent to 20930 Victory Blvd. You would put 20930)

I have read and understand the charges as outlined above and authorize the use of the credit card listed.

Signature: _____ Today's Date: _____

PLEASE FAX BACK TO 626-796-9251