

C.L.O.N.E. West

20930 Victory Blvd., Woodland Hills, CA 91367 (818) 710-8528 FAX (818) 710-9312
 2695 East Foothill Blvd., Pasadena, CA 91107 (626) 796-8387 FAX (626) 796-9251

I Authorize: (check one)

- INSEMINATION
- SHIPMENT FOR INSEMINATION
- TRANSFER OF OWNERSHIP
- TRANSFER OF STORAGE LOCATION
- DESTRUCTION

OF FROZEN SEMEN

On Dog Listed Below

Registered Name Of Dog: _____

Registration Number: _____ Breed: _____

Number of Breeding Units to be released.

(Typically 2-3 straws per breeding unit depending on post thaw motility.)

Semen Identification (For Office Use)

Date	Stud ID	Straw ID
Total # of Straws		
# Of Breeding Units		
# Of Sperm Per Straw		
Post Thaw Motility		

Complete if for Shipment and/or Transfer:

Name: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Complete if for Insemination of Bitch:

Registered Name: _____

Reg. #: _____ Breed: _____

Owner: _____

Phone: _____

I Authorize the above Transaction and Certify I am the Legal Owner of the Frozen Semen listed above.

Signature: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Today's Date: _____

****Shipments require C/C Auth. Form****

Shipping/Transfer Date:

Technician Signature:

FROZEN SEMEN CREDIT CARD AUTHORIZATION FORM

for shipments within the United States

I, the undersigned, do authorize Rose City Veterinary Hospital or C.L.O.N.E. West to charge my credit card for the processing and shipping of frozen semen. I understand that the charge of \$180.00 is for semen preparation and one week of tank rental. I agree to pay \$10.00 per day for every day the tank is not returned after the initial week. In addition, if the tank is not returned within 30 days or if it is returned damaged, I understand that my credit card will be charged a \$1,200.00 replacement fee.

I also authorize Rose City Veterinary Hospital or C.L.O.N.E. West to put my credit card number on the Federal Express air-bill to pay the charges to ship the tank to it's destination and back to Rose City Veterinary Hospital.

Value of Semen for Shipping Insurance \$_____ (\$500 insurance included)
(\$1.00 per \$100 increment over \$500.00)

Print Name Here _____ Phone # _____

Sign Name Here _____

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: _____

(*Required) # Address on CC Bill: _____ 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: _____

Name of dog _____

Name of bitch _____

Ship to this address: Name _____ Phone number _____

Street Address _____

City, State & Zip _____

PLEASE FAX BACK TO 626-796-9251