

**CANADA - CHILLED SEMEN CREDIT CARD AUTHORIZATION FORM**

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 \$285.00 for collection, preparation and packaging of the semen. The price includes shipping the semen via Federal Express Int'l Priority Overnight). (Saturday delivery is an additional \$30.00)**

**\*\*\*\*Please check availability for Saturday Delivery as there are some areas that do not provide these services\*\*\*\***

Value of Semen for Customs \$ \_\_\_\_\_

Value of semen for Insurance \$ \_\_\_\_\_ (\$500.00 insurance included)  
(\$2.50 per \$100.00 increment over \$500.00)

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/Province, & Zip/Postal Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX \_\_\_\_\_

Circle one: Visa MC AMEX DISC Care Credit

CC# \_\_\_\_\_ CVV# \_\_\_\_\_

Expiration Date \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

(Required) # Address on CC Bill \_\_\_\_\_ Zip Code \_\_\_\_\_

(For example, if the bill for the card is sent to 2695 E. Foothill Blvd, you would put 2695)

**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**