

**CHILLED SEMEN CREDIT CARD AUTHORIZATION FORM
(INTERNATIONAL SHIPMENT)**

I, the undersigned, understand that C.L.O.N.E. West will provide an estimate for the processing and shipping of frozen semen, which I will sign and return to C.L.O.N.E. West. By signing the estimate, I authorize Rose City Veterinary Hospital or C.L.O.N.E. West to charge my credit card for the charges as provided in the estimate.

******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