

## 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 \$265.00 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)**

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

Value of semen for Shipping Insurance \$ \_\_\_\_\_ (\$500.00 insurance included)  
(\$1.00 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 & Zip \_\_\_\_\_

**\*Fill out this section entirely or a \$1.00 service charge will apply.**

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

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

Circle one:    Visa        MC        AMEX        DISC        CareCredit

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

Expiration Date \_\_\_\_\_ Phone Number \_\_\_\_\_

(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**