

**FROZEN SEMEN CREDIT CARD AUTHORIZATION FORM  
(DOMESTIC SHIPMENT)**

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 frozen semen. I understand that the charge is \$545.00 for frozen semen processing, and one week of tank rental. Tank rental is \$10.00 per day after the initial week. The price also includes shipping the semen via Federal Express within the USA (priority overnight).

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

In addition, with less than 24 hour notice there is an additional \$200.00 charge; 24 – 48 hour notice there is an additional \$100.00 charge. I also agree that 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 \$1,100.00 replacement fee.

Value of semen for Shipping Insurance \$ \_\_\_\_\_ (\$500.00 insurance included)  
(\$1.00 per \$100.00 increment over \$500.00)

**By signing below I understand and agree to all of the above.**

Print Name Here \_\_\_\_\_

Sign Name Here \_\_\_\_\_

Today's Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Stud Dog \_\_\_\_\_

Stud Dog's Owner \_\_\_\_\_

*Ship to this address:*

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*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       Care Credit
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**