



North Oatlands Animal Hospital & Reproduction Center

19275 James Monroe Highway, Leesburg Virginia 20175

Phone: (703) 777-7781 ~ www.noahvets.com ~ Fax: (703) 777-2758



CHILLED SEMEN CREDIT CARD AUTHORIZATION FORM (US)

I, the undersigned, do authorize North Oatlands Animal Hospital (NOAH), to charge my credit card for the collection and processing of chilled semen. I understand that there is a charge of \$260.10* for the collection, preparation and packaging of the semen. I authorize NOAH to put my credit card number on the FEDEX air-bill to pay for the associated shipping charges. I further agree that, if the credit card information I provide is not correct or billable, I will pay a \$25.00 processing fee to NOAH in addition to all applicable shipping charges.

FedEx Tracking Number _____ Value of Semen for Shipping Insurance: \$ _____

Date of Semen Collection: _____

Owner of Dog: _____

Breed: _____

Name of Dog: _____

AKC Registration Number: _____

*Owner of Bitch: _____

*Name of Bitch: _____

*Inseminating Veterinarian: _____

*Inseminating Veterinarian Phone Number: _____

*Hospital Name and Address Where Semen Will Be Shipped: _____

Hospital Name

Street Address

City

State

Zip

*Insemination Method: Vaginal AI _____ Transcervical AI _____ Surgical AI _____

Cardholder's Name: _____ Telephone Number: _____

Cardholder's Address _____

City

State

Zip

Circle One: Visa MasterCard Discover AMEX Fedex # _____

CC#: _____ CVV #: _____ Expiration Date: _____

I have read and understand the charges as outlined above and authorize the use of the credit card listed:

Signature: _____ Date: _____

PLEASE SEND COMPLETED FORM BACK TO:

North Oatlands Animal Hospital FAX - (703) 777-2758 or EMAIL - Info@NoahVets.com

*Price subject to change