

CHILLED SEMEN CREDIT CARD AUTHORIZATION FORM

I, the undersigned, do authorize Warner Center Pet Clinic or C.L.O.N.E. West to charge my credit card for the collection and processing of chilled semen. I understand that I will be charged for the collection, preparation and packaging of the semen. The price includes shipping the semen via Federal Express priority overnight, where available, within the USA. We are not responsible for FedEx service failures, claims will be processed thru FedEx.

Chilled semen-US \$265.00 Chilled semen -Canada \$295.00
Saturday delivery add \$ 20.00 First Overnight add \$50.00

Value of Semen for Shipping Insurance \$_____ (\$500 insurance included)
(\$1.00 per \$100 increment over \$500.00)

Stud Dog's Owner _____

Name of Stud Dog _____

Type of Insemination -very important (Circle one-): Transcervical Surgical Vaginal

Ship to:

Hospital _____ Phone number _____

Street Address _____

City, State & Zip _____

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

Cardholders Name: _____

Telephone Number: _____ FAX: _____

Circle one: Visa MC AMEX DISC CareCredit

CC# _____ CVV# _____

Expiration Date: _____ Telephone #(____) _____

(*Required) # Address on CC Bill: _____ Zip Code: _____

(For Example if the Bill for the card is sent to 20930 Victory Blvd. You would put 20930)

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

Signature: _____