

South Mesa Veterinary Hospital
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Credit Card Authorization for the Shipment of Frozen Semen

Please complete this form if you would like South Mesa Veterinary Hospital to charge your credit card for services rendered. The use of this form is optional and this service is provided for convenience as requested by the cardholder whom is not able to sign for the transaction(s) in person. This form will remain on file in a secure location used only for the purposes indicated below.

Information to be completed by the cardholder:

Bitch Owner: _____ Phone Number: _____
Stud Owner: _____ Stud Call Name: _____
Email: _____ Date of Service : _____

Shipment Destination:

Name of Recipient: _____
Address of Recipient: _____

Phone # of Recipient: _____

Summary of Services to be performed:

South Mesa Veterinary Hospital will ship the frozen semen from the above stud dog on the date listed above. The tank will be rented for up to 7 days. South Mesa's charges for the tank rental, liquid N2 charging, and semen packing will be charged to the credit card listed below. If the tank is not returned in 7 days, additional charges may be applied. A minimum of 7 days notice must be given to avoid additional charges.

The tank will be shipped via FedEx 2Day to the address listed above, unless specified otherwise. The Tank will be insured for \$1200 to cover the cost of replacement if the tank is lost or stolen. If you would like any additional insurance please let us know. The tank will then be shipped back to South Mesa via FedEx 2Day when the semen has been emptied. Please call if you need an estimate of the charges.

Cardholder Name: _____

Credit Card Number: _____

Credit Card Type: Visa American Express MasterCard Discover Expiration Date: _____
Security Code: _____

Credit Card Billing Address: _____

I, _____, authorize South Mesa Veterinary Hospital to charge my credit card for the cost of the service performed on the date listed above. I understand that I am ultimately responsible for all charges involved in the shipment. I also state that the above information is complete and correct.

Cardholder Authorizing Signature: _____ Date: _____