## FROZEN CANINE SEMEN RELEASE FORM



Westside Village Animal Hospital 2250 Marietta Blvd NW Suite 304 Atlanta, GA 30318 (770) 255-1848 hello@westsidevillageah.com

This form must be completed by the semen owner and submitted to WESTSIDE VILLAGE ANIMAL HOSPITAL before frozen semen can be released. **Please submit this form to arrive at WESTSIDE VILLAGE ANIMAL HOSPITAL at least 2 working days before requested shipping date.** If shipping notice is not received at least 2 days in advance, a late fee will apply as follows: 1 day notice - +\$45; Same day notice - +\$75.

..... STUD DOG INFORMATION Breed Call Name Registered Name Registration Number NUMBER OF BREEDINGS TO RELEASE (Circle): 1 2 3 Other\_\_\_\_ The semen shipment should be shipped to arrive on or before \_\_\_\_\_ SHIP TO INFORMATION: PHONE \_\_\_\_\_ ADDRESS: FOR USE BY: BITCH TO BE BRED OWNER'S EMAIL PHONE: BILLING INFORMATION: Credit Card Number/Type \_\_\_\_\_ Exp. Date\_\_\_\_ Name of Cardholder Sec. Code Billing Address for Credit Card: This shipment will be insured to cover the shipping tank replacement in the event of damage/loss during shipping. Additional insurance to cover the value of the semen may be purchased at the shipper's rate (usually FedEx), however, many carriers will not insure perishable goods, so insurance may not cover loss of the items shipped if this occurs. If you wish to insure the contents, please indicate the amount you wish to insure the shipment, knowing that the carrier may not honor the claim \$\_\_\_\_\_\_. Please Note: WESTSIDE VILLAGE ANIMAL HOSPITAL and its affiliates make no guarantees, expressed or implied, that conception will occur or that the frozen sperm cells are viable or will remain viable at the time of, or after, the cells are frozen.

Shipping costs (transport of the tank to your clinic and back to ours) are usually paid by the bitch owner. The semen owner is ultimately responsible for all costs in the event that the bitch owner fails to reimburse WESTSIDE VILLAGE ANIMAL HOSPITAL for the shipping or the return of the tank.

Signature of semen owner:	
Printed name of semen owner:	
Address:	
Phone:	
Email:	
Date:	

## PLEASE COMPLETE AND RETURN THIS FORM TO:

## WESTSIDE VILLAGE ANIMAL HOSPITAL

2250 Marietta Blvd NW Suite 304 Atlanta, GA 30318

PHONE (770) 255-1848

EMAIL <u>hello@westsidevillageah.com</u>

