



310 COURT SQUARE ● SANFORD NC 27330 ● 919-292-6376 ● infinityk9@gmail.com

### CHILLED SEMEN SHIPMENT FORM

**MANDATORY DOG INFORMATION:** DATE: \_\_\_\_\_

BREED: \_\_\_\_\_ CALL NAME: \_\_\_\_\_

STUD DOG'S REGISTRATION NUMBER: \_\_\_\_\_

STUD DOG AKC DNA PROFILE NUMBER: \_\_\_\_\_

DATE OF LAST NEGATIVE BRUCELLOSIS TEST: \_\_\_\_\_

**(We require a negative brucellosis in the last 6 months)**

OWNER OF STUD DOG: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MANDATORY BITCH INFORMATION:**

BITCH REG NAME: \_\_\_\_\_

BITCH CALL NAME: \_\_\_\_\_ REG NUMBER: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLACE OF SHIPMENT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF INSEMINATION (CIRCLE ONE)      VAGINAL AI      TRANSCERVICAL AI      SURGICAL AI

## CHILLED SEMEN CREDIT CARD AUTHORIZATION FORM

For shipments within the United States

I, the undersigned, do authorize Infinity Canine, LLC or their employees to charge my credit card for the processing and shipping of chilled canine semen. I understand that once the package has been placed into the hands of Fed-Ex, Infinity Canine, LLC is no longer responsible for delay or damage of shipment that is beyond their control. Infinity Canine will not be held liable or responsible for semen quality once it is out of their facility.

**Would you like FedEx to declare a value on your shipment for an additional cost? If so, please circle the one you desire:**

**\$200 – \$300 (\$3.00)**

**\$300 – \$400 (\$4.00)**

**\$400 – \$500 (\$5.00)**

\*The declared value on any package represents FedEx maximum liability in connection with a shipment of that package, including but not limited to, any loss, damage, delay, mis-delivery, mis-information, any failure to provide information, or mis-delivery of information relating to the shipment. It is the shipper's responsibility to prove actual damages. Exposure to and risk of any loss in excess of the declared value is assumed by the shipper. You may transfer this risk to an insurance carrier of your choice. Please see [www.fedex.com](http://www.fedex.com) for full details

Print Name Here \_\_\_\_\_ Phone # \_\_\_\_\_

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

**\*Fill out this section entirely or a \$5.00 service charge will apply.\***

Cardholder's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Circle one: Visa MC AMEX DISC CareCredit (available only through Sanford Animal Hospital)

CC# \_\_\_\_\_

CVV# \_\_\_\_\_ Expiration Date: \_\_\_\_\_ OR

\_\_\_\_\_ I have provided card number, card details via phone conversation.

(\*Required) # Address on CC Bill:

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Signature: \_\_\_\_\_ today's Date: \_\_\_\_\_

**PLEASE EMAIL BACK TO [infinityk9@gmail.com](mailto:infinityk9@gmail.com) OR FAX BACK TO 919-292-6376**

(Form prepared with the help CLONE West, Dr. Dana Bleiffer)