



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 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 OR FAX BACK TO 919-292-6376

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