



# North Oatlands Animal Hospital

19275 James Monroe Highway, Leesburg Virginia 20175

Phone: (703)777-7781 Fax: (703)777-2758

www.noahvets.com



## CHILLED SEMEN CREDIT CARD AUTHORIZATION FORM

I, the undersigned, do authorize North Oatlands Animal Hospital, PC or N.O.A.H. to charge my credit card for the collection and processing of chilled semen.

**I understand that there is a charge of \$190.00\* for the collection, preparation and packaging of the semen. I authorize North Oatlands Animal Hospital, PC to put my credit card number on the Federal Express air-bill to pay the charges to ship the package to its destination.**

Value of Semen for Shipping Insurance: \$ \_\_\_\_\_

Stud Dog's Owner: \_\_\_\_\_

Name of Stud Dog: \_\_\_\_\_

Type of AI (very important) Transcervical \_\_\_\_\_ Surgical \_\_\_\_\_ Vaginal \_\_\_\_\_

Ship to this address:

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City, State, and Zip: \_\_\_\_\_

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

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

Circle One:                      Visa                                      MasterCard                      FedEx

CC#: \_\_\_\_\_ CVV #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

(\*Required) Billing Address on Credit Card bill: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE FAX BACK TO North Oatlands Animal Hospital, PC AT (703) 777-2758**

\*Price subject to change