



North Oatlands Animal Hospital

19275 James Monroe Highway, Leesburg Virginia 20175

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

www.noahvets.com



INTERNATIONAL 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 \$290.00* 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 (703) 777-2758

*Price subject to change