



North Oatlands Animal Hospital

19275 James Monroe Highway, Leesburg Virginia 20175

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

www.noahvets.com



FROZEN SEMEN CREDIT CARD AUTHORIZATION FORM For International Shipments

I, the undersigned, do authorize North Oatlands Animal Hospital or N.O.A.H. to charge my credit card for the processing and shipping of frozen semen. I understand there is a charge of \$450.00* for semen transfer and a \$55.00* charge for semen preparation and required paperwork for shipment. I agree to pay \$50.00* per day for every day the tank is not returned within 5 business days. In addition, if the tank is not returned within 30 days, or if it is returned damaged, I understand that the \$1,200.00* deposit charged to my credit card will not be refunded.

I also 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 tank to its destination and back to North Oatlands Animal Hospital, PC. I further agree that, if the credit card information I provide is not correct or billable, I will pay a \$50.00* processing fee to North Oatlands Animal Hospital, PC in addition to all applicable shipping charges.

By signing below I understand and agree to all of the above:

Print Name Here: _____

Sign Name Here: _____

Phone Number: _____ Today's Date: _____

Value of Semen for Shipping Insurance \$ _____

Cardholder's Name: _____

Telephone Number: _____

Circle One: Visa MasterCard FedEx

CC#: _____ CVV# _____

Expiration Date: _____ Telephone: _____

Billing address for CC Bill: _____ Zip Code: _____

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

Signature: _____

Name of Dog: _____

Name of Bitch: _____

Ship to this Address: Name: _____

Street Address: _____

City, State, and Zip: _____

Phone Number: _____

Fax Number: _____

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

*Price subject to change