

South Mesa Veterinary Hospital
3801 South Mason Street
Fort Collins, Colorado 80525
Phone: (970) 226-6526
Fax: (970) 226-5717
Email: repro@southmesa.com



Credit Card Authorization for the Shipment of Fresh Chilled Semen

Please complete this form if you would like South Mesa Veterinary Hospital to charge your credit card for services rendered. The use of this form is optional and this service is provided for convenience as requested by the cardholder whom is not able to sign for the transaction(s) in person. This form will remain on file in a secure location used only for the purposes indicated below.

Information to be completed by the cardholder:

Stud Owner: _____ Stud Call Name: _____
Bitch Owner: _____ Bitch Call Name: _____
Phone Number: _____ Email: _____
Date of Service: _____ Type of Insemination: _____

Shipment Destination:

Name of Recipient: _____
Address of Recipient: _____

Phone # of Recipient: _____

Summary of Services to be performed:

South Mesa Veterinary Hospital will collect the above stud dog on the dates listed above, and pack it accordingly for a fresh chilled shipment. South Mesa's charges for this service will be charged to the credit card listed below. The package will be shipped via FedEx Overnight Priority to the address listed above. Please call if you need an estimate for the collection and shipping charges.

Cardholder Name: _____

Credit Card Number: _____

Credit Card Type: Visa American Express
 MasterCard Discover

Expiration Date: _____

Security Code: _____

Credit Card Billing Address: _____

I, _____, authorize South Mesa Veterinary Hospital to charge my credit card for the costs of services performed on the dates listed above. I understand that I am ultimately responsible for all charges involved in the shipment(s). I also state that the above information is complete and correct.

Cardholder Authorizing Signature: _____

Date: _____