

ANIMAL HOSPITAL OF FT LAUDERDALE
1630 East Oakland Park Blvd
Ft. Lauderdale, FL 33334
Ph: (954) 561-8777 Fax: (954) 561-0944

SEMEN RELEASE FORM

Please fill in the following, sign in the correct place, and fax to us. Follow up by mailing the original signed copy. We **must have** seven (7) days notice in order to expedite your shipment.

1. Registered name of dog _____
2. Registration number of dog _____
3. Breed of dog _____
4. How many BU's (Breeding Units) to ship _____
5. Ship to Vet: _____
Clinic: _____
Street Address: _____
City, State, Zip Code: _____
Phone: _____
6. Owner of Bitch: _____

I understand that a \$1,000.00 deposit is required for use of the shipping tank, and that I agree to be completely responsible for the shipping tank and will return it, at my expense, to the Animal Hospital of Ft. Lauderdale within two (2) weeks of shipment, via FedEx or UPS. I will insure the tank on the return trip for the \$1,000.00 value. Further, should there be any problem concerning claims with the common carrier, I will be responsible for handling them.

Please charge my Visa Mastercard American Express Discover

Account number: _____

Expiration: ____/____

Printed name: _____

Signature: _____

Date: _____