



Expecting to Ship Week of: _____

FRESH CHILL SHIPMENTS

INFORMATION NEEDED FOR FRESH CHILL SHIPMENTS

Collect & Ship Date: _____ 2nd Collect & Ship Date: _____

STUD DOG INFORMATION:

Semen Owner Name: _____ Phone: _____

Stud Dog Call Name: _____

Stud Dog Reg. Name: _____

Registration (AKC or other): _____ Breed: _____

Registration #: _____ STP id #: _____

FOR YOUR SECURITY, CALL US WITH CARD INFORMATION 908-689-0773

Cardholder's Name:			
<i>Address:</i>		<i>Zip:</i>	
<i>Phone:</i>			
Credit Card Type:	Visa	MC	AmEx Discover
Card Number:			
Exp. Date:			
CV Code:		FOR YOUR SECURITY, CALL US WITH CARD INFORMATION 908-689-0773	

Ship to:

Veterinarian Name: _____

Clinic Name: _____

Address: _____

Phone: _____

E-mail: _____

FedEx Account # (if applicable): _____

Bitch to be Inseminated:

Bitch Owner Name: _____

Bitch Owner Address: _____

Phone: _____

Bitch Call Name: _____

Bitch Registered Name: _____

Registration (AKC or other): _____ Breed: _____

Registration #: _____

FOR OFFICE USE ONLY:			
Transfer of ownership letter?	Lab Tests:	Brucella	other?
Semen Evaluation Form	FedEx TRACKING #:		
NOTES:			