



FROZEN/CHILLED SEMEN SHIPMENT INFORMATION

Date to be Shipped: _____

Owner's Name (Stud): _____

Stud's Registered Name: _____ Breed: _____

Registry & Number: _____

Call Name: _____

Owner's Name (Bitch): _____

Bitch's Registered Name: _____ Breed: _____

Registry & Number: _____

Call Name: _____

Ship To: (Location)

Hospital/Clinic: _____

Doctor's Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Send Receipt To:

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email: _____

****Form must be completed in full before shipment of semen. Shipping charges are usually paid by the bitch owner. In the event that the card is declined, the semen owner will be responsible for all charges.****

Credit Card to be Charged:

Card Name: _____ Card Number: _____

Exp: _____ Security Code: _____

824 E. Villa Maria Bryan, Texas 77802

(979) 823-5495

Kingdom_animal_hospital@yahoo.com