

**North Oatlands Animal Hospital & Reproduction Center**

19275 James Monroe Highway  
Leesburg, Virginia 20175  
(703) 777-7781 office (703) 777-2758 fax  
www.NOAHVETS.com ~ info@NOAHVETS.com



**Dominion Valley Animal Hospital**

5371 Merchant's View Square  
Haymarket, Virginia 20169  
(703) 753-4444 office (703) 753-4446 fax  
www.DVVETS.com ~ info@DVVETS.com

**FROZEN SEMEN SHIPPING AUTHORIZATION FORM  
For transfers/shipments within the United States**

**Credit Card Authorization:** 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 \$190.00\* for semen transfer and a \$30.00 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.

Further, I 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.

**No Warranties:** NOAH makes no representation and extends no condition or warranty of any kind, either express or implied, with respect to the collection, storage or shipment of semen and expressly disclaims any other warranties of merchantability, satisfactory quality, fitness for a particular purpose and any other implied warranties with respect to the capabilities, utility or application of semen.

**Limitation of Liability:** Owner agrees that NOAH and its affiliates shall not be liable for any accident, damage or loss of Semen, regardless of cause except if accident, damage or loss is caused in its entirety by the gross negligence or willful intent of NOAH Personnel and only if Semen is in the direct custody and care of NOAH. NOAH is not responsible in any way for Semen once in the hands of any shipping carrier and suggests that the owner and/or recipients of this semen insure all shipments and immediately inspect such shipments on arrival to validate any claims. Owner agrees that this limitation of liability is essential to NOAH's agreement to enter into this Agreement with Owner.

Neither NOAH nor any of its affiliates shall be liable for any incidental, consequential, special or punitive damages of any kind or nature, regardless whether NOAH has been warned of the possibility of any such loss or damage. Liability for damages or alleged damages hereunder, whether in contract, tort or other legal theory, is limited to, and will not exceed, actual direct damages to owner. Actual direct damages will in no event exceed the collection of same number of breeding units by NOAH at vet's office of new semen from sire or, if sire is not available for collection, another dog of owner's choosing. In no event will vet or its affiliates be liable for damages or loss where semen has been subjected to misuse, neglect or accidental damage after delivery by vet to the carrier.

\* All Prices listed on this form are subject to change by NOAH without notice and at their sole discretion.

Date of Semen Collection: \_\_\_\_\_

Breed: \_\_\_\_\_ Owner of Dog: \_\_\_\_\_

Registered Name of Dog: \_\_\_\_\_ AKC Registration Number: \_\_\_\_\_

Name of Bitch: \_\_\_\_\_ Owner of Bitch: \_\_\_\_\_

Inseminating Veterinarian \_\_\_\_\_ Inseminating Veterinarian Phone Number \_\_\_\_\_

\*Insemination Method: Vaginal AI \_\_\_\_\_ Transcervical AI \_\_\_\_\_ Surgical \_\_\_\_\_

**Ship to:**  
Facility Name / Attention \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Value of Semen for Shipping Insurance \$ \_\_\_\_\_**

Circle One:  Visa  MasterCard  AmEx  Discover  FedEx Air bill # \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Billing Phone Number \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

CC#: \_\_\_\_\_ CVV# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax back to NOAH at 703-777-2758 or Scan and return via Email to info@noahvets.com**