Arrowhead Canine Reproduction

2920 Dabney Bottom Rd Cleveland TX 77328 936-525-9462

Frozen Semen Release Form

Date of Shipment: Number of Breeding to Release	e:	
This form must be completed by the frozen semen can be released. This f Arrowhead Canine at least three bus confirm receipt via email or phone;	semen owner and bitch own form does not transfer owner iness days before the request if you do not receive confirm ional fees for rush shipment	ter and submitted to Arrowhead Canine before ship. Please ensure this form reaches ted shipping date. Arrowhead Canine will nation, please give us a call. If notice is given will apply. If this form is received too late,
	Semen Owner	•
Registered Name:		
Registration Number:		Breed:
Semen Owner:		
Phone:	Email:	
Address:		
City:	State:	Zip:
	Bitch Owner	
Registered Name:		
Registration Number:	Breed:	
Semen Owner:		
Address:		
City:		Zin:

Ship To Facility

Attention:		
Phone:	Email:	
Address:		
City:	State:	Zip:
during transport. Additiona UPS, FedEx, or Air Cargo) loss of the items shipped. It	insurance for the value of the semen ca However, many carriers do not insure	of the shipping tank in case of damage or loss an be purchased at the carrier's rate (usually perishable goods, so they may not cover the especify the amount, understanding that the
frozen sperm cells are viable damage to semen due to face	e or will remain viable after freezing. A tors beyond their control, including fire	tes that conception will occur or that the arrowhead Canine is not liable for any loss or e, earthquakes, flooding, weather events, shipping containers, or shipping accidents.
chargebacks on the provide The semen owner must info shipments are not considered	orm the payer of all shipping fees and co	to Arrowhead Canine by the semen owner. osts of preparing frozen semen. Frozen semen turned undamaged to Arrowhead Canine.
Canine to perform services Arrowhead Canine to charg apply later for extra service	at your own risk and agree to all terms e the fees for services to the payment m s, and Arrowhead Canine may or may r whead Canine can provide an estimate	true and correct. You authorize Arrowhead and conditions in this agreement. You permit nethod you provide. Additional charges may not notify you about these charges in advance of these charges, and you accept any fees
X		
Signiture and Date of Seme	n Owner(s)	
Signature of Cardholde	r:	
Cardholder Name Print	·	
Credit Card Number:		-
Exp Date:/_	CCV#:	Zip Code: