Arrowhead Canine Reproduction

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

Fresh Chilled Shipment Form

Date of Shipment: _____
Each collection and shipment requires a new form.

Semen Owner

Registered Name: _____

Registration Number: _____ Breed: _____

Owner: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Bitch Owner

Registered Name: _____

Registration Number: _____ Breed: _____

Owner: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Ship To Facility

Attention: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Semen is evaluated at the time of collection. If Arrowhead Canine suspects low semen quality, the semen owner(s) will be notified, but the semen will still be shipped unless instructed otherwise. Arrowhead Canine is not responsible for assessing viability according to the receiving veterinarian's standards. Basic evaluations include motility, speed, abnormality percentage, and estimated concentration. If additional information is required, it must be requested before collection, which may incur additional fees.

You understand that Arrowhead Canine makes no guarantees about the quality or viability of the semen upon arrival, and they are not liable for any outcomes from its use. Semen survivability varies among dogs, and a survivability test is strongly recommended to ensure quality upon arrival. The optimal temperature for semen is between 98-100°F. Quality may be inaccurately assessed if proper warming is not applied upon receipt. Arrowhead Canine is not responsible for any damage or delays during shipping but may assist in filing claims and provide documentation to support reimbursement of shipping costs.

By signing below, you confirm that the information you provide is true and correct. You authorize Arrowhead Canine to perform services at your own risk and agree to all terms and conditions in this agreement. You permit Arrowhead Canine to charge the fees for services to the payment method you provide. Additional charges may apply later for extra services, and Arrowhead Canine may or may not notify you about these charges in advance. You acknowledge that Arrowhead Canine can provide an estimate of these charges, and you accept any fees charged without prior notification.

X_____
Signiture and Date of Semen Owner(s)

Signature of Cardholder: _____

Cardholder Name Print: _____

Credit Card Number: _____-_____-_____-_____

Exp Date: _____/_____ CCV#: _____ Zip Code: _____