

# Semen Collect and Ship Form

Please fill in the following information, sign and fax/email copy to the IGH Animal Hospital.  
Follow up with the original signed copy by mail to address listed below.

Stud Name: \_\_\_\_\_ Stud Owner Name: \_\_\_\_\_

Insemination Type: \_\_\_\_\_ Date to Ship: \_\_\_\_\_

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

Bitch Owner Phone: \_\_\_\_\_ Bitch Owner Email: \_\_\_\_\_

Email Receipt and Tracking Number

Include Receipt in Shipment

## Ship To Information

Veterinarian: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

## Credit Card Information

Name on Credit Card: \_\_\_\_\_

Card Type:  Visa  MasterCard  Discover  American Express  Care Credit

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

I, \_\_\_\_\_, authorize  
**Inver Grove Heights Animal Hospital** to charge the above credit card for payments owed to my account,  
for services rendered, or for reoccurring payments. I agree to update any information regarding this  
account. The above information is complete and correct to the best of my knowledge.

Card Holder Printed Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

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



**Inver Grove Heights Animal Hospital**  
7131 Cahill Avenue  
Inver Grove Heights, MN 55076  
Phone: (651) 451-4404  
Fax: (651) 451-4879  
www.ighvet.com