



334 Concord Street  
Framingham, MA 01702  
**Phone:** 508-875-7086  
**Fax:** 508-872-4263

**SLADE VETERINARY HOSPITAL SEMEN SHIPMENT PREPARATION FORM**

*Please complete the top portion of this form and email to [sladevetrepro@gmail.com](mailto:sladevetrepro@gmail.com).*

**STUD INFORMATION**

Owner name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

*For stud dogs with multiple owners, please list the primary contact person authorized to make all breeding-related decisions, understanding that this is the ONLY person who will be contacted by our staff in an effort to streamline all decisions and avoid any miscommunications.*

Stud call name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Registration number \_\_\_\_\_ Brucellosis test date (if available) \_\_\_\_\_

**BITCH INFORMATION**

Owner name \_\_\_\_\_ Bitch call name \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

**SHIPMENT INFORMATION**

Planned insemination method \_\_\_\_\_ Number of inseminations planned \_\_\_\_\_

Inseminating veterinarian name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

Does Fedex ship to this address? ☐yes ☐no Saturday delivery? ☐yes ☐no

Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PAYMENT INFORMATION – FOR OFFICE USE ONLY. DO NOT FILL OUT.**

***We will contact you directly regarding payment information. Please note that in the event the bitch owner does not arrange for payment of services directly, or if the credit card information is not current/declined, the stud dog owner shall be responsible for all charges.***

Charge bitch owner directly? ☐yes ☐no

Name on credit card \_\_\_\_\_  
Credit card number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_  
Card type \_\_\_\_\_ Zip code for credit card number \_\_\_\_\_