



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

SLADE VETERINARY HOSPITAL SEMEN SHIPMENT PREPARATION FORM

Please complete this form and email to [email icon] [email icon]

STUD INFORMATION

Owner name _____
Address [email icon] _____
Telephone _____ Email [email icon] _____

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 [email icon] _____ Brucellosis test date (if available) [email icon] _____

BITCH INFORMATION

Owner name [email icon] _____ Bitch call name [email icon] _____
Telephone _____ Email [email icon] _____

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: _____

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. [email icon] [email icon] [email icon] [email icon] information @ 508-875-7086.

Charge bitch owner directly? yes no

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