



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 reception@sladevet.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: _____

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. You may also contact us directly to provide the payment 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 _____