



**Animal Clinic  
Northview, Inc.**

**36400 Center Ridge Road  
North Ridgeville, Ohio 44039**

**Phone: (440)327-8282**

**Fax: (440)327-8845**

**Email: repro@northviewvet.com**

**All shipment request forms including the frozen semen release form MUST be faxed or e-mailed with a signature before 8 a.m. eastern standard time 2 business days prior to the shipment date to avoid a rush shipment fee. Shipments are sent priority overnight through Federal Express and require a signature from the recipient upon delivery.**

**PLEASE READ ALL INFORMATION**

<b>Federal Express Shipping (Round Trip Shipping)</b> The costs of shipping varies depending on the location of the facility receiving the semen. All shipments are sent Priority Overnight and the return shipper is sent Express Saver. For a estimate of shipping please contact our reproduction staff or a FedEx representative. The shipper is 14X14X21 inches and approximately 30lbs.	
<b>Shipment Preparation Fee-\$142.77 per dog in the shipment</b> This fee includes: Packaging and Paperwork.	
<b>Liquid Nitrogen Vapor Shipper Rental-\$113.57 for 7 days</b> This fee is charged for the use of the shipper for 7 days. Any additional days will be charges a \$25.00 per day late fee.	
<b>Declared Value (please fill in an amount if desired)</b>  If you wish to declare a value on your shipment, please fill in an amount. The description of declared value and fees can be found on FedEx's website, www.fedex.com.	
<b>Rush Shipment Fee</b> Shipments requested without 2 business days notice are an additional \$300.00	
<b>Total Charges</b>	

**Stud Dog's and Bitch's Information**

**Stud Dog's Call Name**

**Stud Dog's Registered Name**

**Stud Dog's Frozen Semen Owner**

**Bitch's Call Name**

**Bitch's Registered Name**

**Bitch Owner Name**



# Animal Clinic Northview, Inc.

## Shipment Information *(Where Semen is being sent)*

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Name of Veterinarian

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Name of Clinic

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Address of Clinic

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City

State

Zip Code

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Phone Number

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## Payment Information

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Type of Credit Card

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Card Number

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Expiration Date

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3 Digit Security Code (V-Code)

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Card Holder's Name

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Address

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City

State

Zip Code

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Phone Number

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## Customer Authorization Signature

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By signing above the customer agrees to be financially responsible for the payment of all fees, including late return of dry shipper. On all semen shipments it is the sole responsibility of the bitch owner and stud dog owner to provide a complete address of the destination of the semen shipment that allows for Monday through Saturday delivery. Animal Clinic Northview will not be held liable for non-delivery or late delivery of semen shipments due to Federal Express error and/or if the address provided does not allow Monday through Saturday delivery. Your signature indicates that the address provided has been verified to accept Monday through Saturday delivery. The customer assumes full responsibility once the semen leaves Animal Clinic Northview. Animal Clinic Northview assumes no responsibility for tank failure or damage to the semen during shipping. Prices are subject to change.

All forms must be completed in order to process the shipment. Both pages **MUST** be filled out.

**DATE TO BE SHIPPED** \_\_\_\_\_