Savants Canine Semen Services
685 Knox Bridge Trl Suite 100
Canton, GA 30114
762-259-2128
savantscaninesemenservices@yahoo.com

Recipient of Frozen Canine Semen Form

This form is required for shipping of Canine Frozen Semen. Please fill out completely allowing us to create an account for you and accept your payment for services.
(Your vet's information will be given on the stud owner's release form)

_____
Name   **Phone**

_____
Address   **City, State, Zip**

_____
Email

Terms: Savants makes no guarantees, expressed or implied, that conception will occur, or that the frozen sperm cells are viable, or will remain viable, after the cells are frozen. In the event of loss or damage of frozen semen due to natural causes such as weather, or fire, storage/shipping tank failure, or shipping accident/ damage, Savants will not be held liable for the loss or the replacement value of the frozen semen. Shipping costs are usually paid by the bitch owner. The semen owner is ultimately responsible for all costs. Frozen semen shipments are not completed until the shipping tank is returned undamaged. Additional charges may be applied up to 6 months after shipment occurs. By my signature below, I authorize semen shipping services to be preformed for me. I agree to all statements made in this document preceding this signature and any statements in the following document. I understand that there is no guarantee of fertility or successful fertilization. I also understand that the shipper is not responsible for services rendered by other companies/individuals. Payment for services is due at the time of service. Other charges may be applied to my credit card at a later date, if additional services are necessary. I may or may not be notified of these additional charges prior to charging my credit card. Any charges may be made without my permission. In the event I initiate a charge back, I understand I will be charged additional office fees. It is my responsibility to ensure all fees are paid.

Method of Payment: (Circle one)   VISA   MC   AMEX   DISC

Cardholder Name_____

Card Number _____-_____-_____-_____

Exp ____/_____   CVV _____

X _____
Recipient's Signature   **Date**