Olney-Sandy Spring Veterinary Hospital

1300 Olney-Sandy Spring Road
Sandy Spring, Maryland 20860
Ph: 301-774-9500
Fax: 301-570-5121
Email: reception@ossvh.com

Frozen Semen Credit Card Authorization

I, the undersigned, do authorize Olney-Sandy Spring Veterinary Hospital to charge my credit card for the shipment and processing of frozen semen. I also authorize Olney-Sandy Spring Veterinary Hospital to charge my credit card number for the Federal Express fees to ship the dry shipper tank to its destination and back to Olney-Sandy Spring Veterinary Hospital (Visa, MasterCard and Discover only)

I agree to pay $20.00 for every day the dry shipper tank is not returned after the 5th business day. In addition, if the dry shipper tank is not returned within 30 days or if it is returned damaged, I understand that my credit card will be charged a $1,000.00 replacement fee.

By signing below I understand and agree to all of the conditions stated above.

Today's Date: _____

Semen Information

Owner's First & Last Name: _____

Dog's Call Name: _____

Payment Information

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Security code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Email address: _____

Signature of card holder: _____

Please fax or email this form to us once completed.

*** Both forms (Frozen Semen Release/Transfer and Frozen Semen Credit Card Authorization) must be completed in full before the semen can be shipped. Advanced notice of 3-5 full business days (Mon.–Fri.) is required to prepare the shipment.

*This information will not be shared and will be destroyed after the dry shipper has been returned to OSSVH.